

Moraga School District

Employee Authorization for Direct Deposit

Name _____
(Print Full Name)

MUNIS ID # _____

Address _____

Phone Number _____

City _____

Zip Code _____

Name of Bank _____

Checking account number: (Please attach a voided check) **OR**

Savings account number: XXXXXXXXXXXXXXXX (see below)

If you do not have checks or would like to use a savings account, please obtain a direct deposit form from your financial institution with your name, account number and routing number applicable to your account (not a deposit slip).

I hereby authorize the Moraga School District to send my payroll warrant to the financial institution of my choice, as indicated. I also agree to notify the Payroll department in writing of any changes to my account in a timely manner. I will be responsible for any charges the district may incur if I fail to give written notification of change. This authorization will remain in effect until canceled by me in writing.

I understand that it will take one month for the direct deposit to take effect.

Employee's signature

Date

Please staple a voided check in this area