

\_\_\_\_\_  
DISTRICT/CHARTER

☐ Certified

☐ Classified

## MULTIPLE DIRECT DEPOSIT AUTHORIZATION

☐ Begin Deposit

☐ Change Information

☐ Cancel Deposits

Employee Name \_\_\_\_\_

**1st** Direct Deposit Percentage: \_\_\_\_\_ OR Fixed Amount: \$ \_\_\_\_\_

☐ Checking

☐ Savings

The numbers on the bottom of your check  
are used by the payroll department  
to make sure the **electronic funds transfer**  
of your funds goes directly to your account.

**PLEASE ATTACH A VOIDED CHECK OR PHOTOCOPY HERE**

☐ Bank information for Direct Deposit Attached

**2nd** Direct Deposit Percentage: \_\_\_\_\_ OR Fixed Amount: \$ \_\_\_\_\_

☐ Checking

☐ Savings

The numbers on the bottom of your check  
are used by the payroll department  
to make sure the **electronic funds transfer**  
of your funds goes directly to your account.

**PLEASE ATTACH A VOIDED CHECK OR PHOTOCOPY HERE**

☐ Bank information for Direct Deposit Attached

I authorize the VCSBSA payroll department to initiate credits (and/or corrections to previous credits) to the financial institution designated above.

This authorization shall remain in effect until I give written notice to the district either to change or terminate this authorization. I understand that if I take a leave of absence this authorization automatically terminates, and I will have to sign a new authorization form upon my return.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date