Please select District or Charter

_____

DISTRICT/CHARTER

☐ Certificated

☐ 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