

OROVILLE UNION HIGH SCHOOL DISTRICT

Payroll Department
2211 Washington Avenue
Oroville, CA 95966
(530) 538-2300 x114

ELECTRONIC DEPOSIT AUTHORIZATION

- NEW REQUEST
- NAME CHANGE
- ACCOUNT NUMBER CHANGE

Effective Date: _____

NET CHECK AUTHORIZATION

I authorize the Oroville Union High School District and the financial institution listed below to deposit my **NET** pay automatically to the account indicated each payday and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. **Checking** **Savings Account**

Transit Routing #

Account #

Financial Institution

VOLUNTARY DEDUCTION (Separate Checking or Savings Account, Deposit Flat amount only)

- Checking**
- Savings Account**

Transit Routing #

Account #

Financial Institution

Amount to Deposit

VOLUNTARY DEDUCTION (Separate Checking or Savings Account, Deposit Flat amount only)

- Checking**
- Savings Account**

Transit Routing #

Account #

Financial Institution

Amount to Deposit

For checking accounts, please attach a **voided check** to this form. For savings accounts, please contact your financial institution for the proper transit routing number and account number. Any missing or incorrect information will cause these transactions to be delayed.

I understand that my first payroll check after this authorization will be mailed to my current mailing address while a test payroll is sent to my financial institution. This authorization will remain in effect until I have canceled it in writing.

Employee Signature

Print Name

Social Security Number

Date