

Murrieta Valley Unified School District

****PHOTO ID REQUIRED WHEN SUBMITTING THIS FORM****

PAYROLL DIRECT DEPOSIT

(Electronic Transfer Authorization Form)

Office Use Only

Emp. # _____
CL _____ CE _____
AB _____ M _____
Chg. P/R # _____
Date _____
ID checked by: _____

_____ NEW _____ CANCEL ALL TRANSACTIONS
_____ CHANGE _____ EFFECTIVE _____

NAME: _____ SOCIAL SECURITY #: XXX-XX-____ Employee # _____
(Must list last four numbers of social security number)

I HEREBY REQUEST THAT MY PAYROLL WARRANTS BE ELECTRONICALLY TRANSFERRED TO MY FINANCIAL INSTITUTION(S) EFFECTIVE: _____

You may elect to transfer funds to one, two, three, four or five different accounts. Please indicate the amount(s) as follows:

1. _____ Total Net Pay or _____ \$ _____
Financial Institution _____ ABA (Routing) Code _____
Checking Account # _____ (Must Attach a Voided Check) or
Savings Account # _____ (Attach a Copy Of Portion Of Bank Statement Displaying
the Account Number and ABA/Routing Number)

2. _____ Remaining Balance or _____ \$ _____
Financial Institution _____ ABA (Routing) Code _____
Checking Account # _____ (Must Attach a Voided Check) or
Savings Account # _____ (Attach a Copy Of Portion Of Bank Statement Displaying
the Account Number and ABA/Routing Number)

3. _____ Remaining Balance
Financial Institution _____ ABA (Routing) Code _____
Checking Account # _____ (Must Attach a Voided Check) or
Savings Account # _____ (Attach a Copy Of Portion Of Bank Statement Displaying
the Account Number and ABA/Routing Number)

4. _____ Remaining Balance
Financial Institution _____ ABA (Routing) Code _____
Checking Account # _____ (Must Attach a Voided Check) or
Savings Account # _____ (Attach a Copy Of Portion Of Bank Statement Displaying
the Account Number and ABA/Routing Number)

5. _____ Remaining Balance
Financial Institution _____ ABA (Routing) Code _____
Checking Account # _____ (Must Attach a Voided Check) or
Savings Account # _____ (Attach a Copy Of Portion Of Bank Statement Displaying
the Account Number and ABA/Routing Number)

I, _____, shall hold harmless and indemnify the Murrieta Valley Unified School district, hereinafter referred to as District, and its officers and employees from any claim or demand of whatever nature including those based upon negligence of the District and its officers and employees, brought by any person, including any financial institution(s), against the District in its capacity as an employer concerning the Payroll Warrant Distribution provided by the District. I hereby authorize the District to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above. I also authorize the financial institution(s) identified above to credit and /or debit the same such account. The request completed above is for the distribution of my payroll warrant(s) from the effective date specified until rescinded in writing.

DATE _____ SIGNATURE _____

Return to: Murrieta Valley Unified School District
41870 McAlby Ct.
Murrieta, CA 92562
951-696-1600 ATTENTION: Payroll Department