

# Murrieta Valley Unified School District

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

## PAYROLL DIRECT DEPOSIT

(Electronic Transfer Authorization Form)

\_\_\_\_\_  
NEW  
\_\_\_\_\_  
CHANGE

\_\_\_\_\_  
CANCEL ALL TRANSACTIONS  
EFFECTIVE \_\_\_\_\_

<u>Office Use Only</u>	
Emp. #	
CL _____	CE _____
AB _____	M _____
Chg. P/R # _____	
Date _____	
ID checked by: _____	

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**