

# Berkeley Unified School District

## EMPLOYEE AUTHORIZATION FOR AUTOMATIC DEPOSITS

PLEASE PRINT

NAME \_\_\_\_\_

EMPLOYEE ID NUMBER: \_\_\_\_\_

WORK SITE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

- 
- I hereby authorize the Berkeley Unified School District to deposit my payroll check electronically to the Financial Institution indicated on voided check below.
  - I agree to inform BUSD by the 15<sup>th</sup> of any changes to my bank account or to stop my direct deposit.
  - I understand that my direct deposit will take two pay cycles to be in effect.

ATTACH VOIDED CHECK HERE

DEPOSIT SLIPS NOT ACCEPTED