

# Berkeley Unified School District

## EMPLOYEE AUTHORIZATION FOR DIRECT DEPOSIT

**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 may take one pay cycle to be in effect.

**ATTACH VOIDED CHECK HERE**

**DEPOSIT SLIPS NOT ACCEPTED**