



RIVER DELTA UNIFIED SCHOOL DISTRICT

445 Montezuma Street
Rio Vista, California 94571-1651
(707) 374-6381 Fax (707) 374-2995

DIRECT DEPOSIT AUTHORIZATION

First Name Middle Initial Last Name

Mailing Address City State Zip

To sign up for Direct Deposit, simply complete this authorization. You must check the type of account (checking or savings), and sign and date this authorization. If you want Direct Deposit to your checking account, attach your voided or canceled check. If your address is incorrect on the check, please correct it. **Do NOT attach a deposit slip.**

If you are authorizing RDUSD to directly deposit your monthly pay warrant into your savings account, if you do not want to attach a voided or canceled check, or you do not have printed personalized checks, please visit your financial institution to obtain the correct routing and account numbers. Your financial institution will be able to answer any questions you may have about the effectiveness of Direct Deposit. **If you attach your voided, personalized check, you do not need to visit your financial institution.**

Please include your telephone number so we may contact you if we have any questions about your RDUSD Direct Deposit Authorization.

You will receive your monthly pay warrant by Direct Deposit approximately 60 days after RDUSD receives this authorization. During this time, RDUSD will run a test transaction through the banking system. You will receive notification if there is a problem with the test transaction, delaying your first Direct Deposit.

____ - ____ - _____

Social Security Number

Type of Account (check one):

Checking (attach a voided or canceled check) Savings

Phone Number (with area code)

Certification

I certify that I am entitled to the payment identified above, and that I have read and understood the information and instructions on this form. In signing this form, I authorize my payment to be sent to my financial institution and deposited to the designated account. I authorize amounts transferred after my death or transmitted in error to be debited to my account. If the funds have been withdrawn following the date of death, I authorize my financial institution to release the name and address of the person(s) responsible for reimbursement to RDUSD.

Signature of Payee Date

To be completed by financial institution if you are authorizing your direct deposit to your savings account or if you do not have printed personalized checks.

Name and Address of Financial Institution Depositor Branch and Account Number (Show the number exactly as recorded, including necessary spaces, zeroes, or dashes)

Branch Name and Number Branch Telephone Number Routing Number Check Digits

I confirm the identity of the above-named payee(s) and the account number. As a representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above.

Signature of Representative Print/Type Representative's Name Date

Creating Excellence To Ensure That All Students Learn

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|-----------------------|------------------|------------------------------------|-----------------------|-----------------------|
| Bates School | Isleton School | Walnut Grove School | Delta High School | Wind River School |
| Clarksburg Elementary | Riverview School | D.H. White Elementary | Rio Vista High School | Mokelumne High School |
| | | River Delta High/Elementary School | | |

Attach your voided or canceled check here.
DO NOT ATTACH A DEPOSIT SLIP.