



PERRIS UNION HIGH SCHOOL DISTRICT
 PAYROLL DIRECT DEPOSIT
 AUTHORIZATION FORM

NAME: _____ EMPLOYEE# _____

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

1. Total Net Pay or \$ _____
 Financial Institution: _____

Checking Account # _____ (attach a VOIDED check) or

Savings Account # _____ (attach a copy of portion of bank statement displaying the account number).

2. Remaining Balance or \$ _____
 Financial Institution: _____

Checking Account # _____ (attach a VOIDED check) or

Savings Account # _____ (attach a copy of portion of bank statement displaying the account number)

3. Remaining Balance:
 Financial Institution: _____

Checking Account # _____ (attach a voided check) or

Savings Account # _____ (attach a copy of portion of bank statement displaying the Account number)

I, _____ shall hold harmless and indemnify the Perris Union High 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 his 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 to such account. Electronic fund transfer takes effect one month following request and after a successful pre-note test has occurred through the banking system. The request completed above is for the distribution of my payroll warrant(s) from the effective date specified until cancelled by the Perris Union High School District or the Riverside County Office of Education.

DATE: _____ SIGNATURE: _____