Form #P4 Return to Payroll

ELK GROVE UNIFIED SCHOOL DISTRICT 9510 ELK GROVE-FLORIN ROAD ELK GROVE, CA 95624 916-686-7778

EMPLOYEE AUTHORIZATION FOR DIRECT DEPOSITS

Part 1 START OR CHANGE REQUEST I hereby authorize the Elk Grove Unified School District to initiate credits to the Financial Institution indicated below to credit with the amount thereof my checking/savings account. **EMPLOYEE DATA** ____LAST 4 OF SSN OR EIN #_____ NAME: _____ (PLEASE PRINT) ____SIGNATURE____ DATE: ____ FINANCIAL INSTITUTION DATA NAME: BRANCH ADDRESS:_____ STATE ZIP CODE **ROUTING AND TRANSIT NUMBER** (Do not include dashes or spaces) **ACCOUNT NUMBER** (Do not include dashes or spaces) ACCOUNT TYPE (Check One): **CHECKING SAVINGS** ______ Part 2 STOP REQUEST I hereby authorize the Elk Grove Unified School District to STOP MY EXISTING DIRECT DEPOSIT EIN #_ (PLEASE PRINT) DATE: _____SIGNATURE____

After completing the above form, return it to the payroll department by the 10th of the month. An **ACTUAL** paper warrant will be mailed to the employee address on file for the first month. If the Financial Institution account numbers are correct, the next warrant will be electronically deposited to the employee's account.