

## PITTSBURG UNIFIED SCHOOL DISTRICT

PHONE: (925) 473-2300	FAX: (925) 473-4210
EMPLOYEE AUTHORIZATION	N FOR AUTOMATIC DEPOSITS
Please Print EMPLOYEE NAME:	( 4 digits)
☐ New or Change ☐ Cancel	
Bank Account #1	Bank Account #2 (optional)
Select one: Checking Savings	Select one: Checking Savings
Bank Name	Bank Name
Routing #	Routing #
Account #	Account #
I wish to deposit (check one):	I wish to deposit (check one):
All Net Pay	Remainder of Net Pay
Specific Dollar Amount \$	Specific Dollar Amount \$
I hereby authorize the Pittsburg Unified School District and the Contra Costa Courand, as necessary, debit corrections to previous deposits to the above account(s).	nty Office of Education (CCCOE), and/or their agents, to initiate electronic deposits
or under other extreme conditions. I agree to hold harmless and indemnify the District and CCCOE, and their officers, delay in making deposits and/or corrections to deposits as herein authorized.	nstitution, branch, type account, etc.).  The for any account changes.  CCOE and payment made by county warrant, if necessary to meet payroll deadlines
SIGNATURE:	DATE:
from your bank detailing your	s with either a voided check or a specification sheet routing and account number(s).  Deposit slips are not accepted.

Date:\_\_\_