## DIRECT DEPOSIT ACCOUNT VERIFICATION FORM

TO:	(C)		74
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	a w	(1) -4 (b	24
FROM:	- EL MONTE UNION F	TSD PAYRO	OLL OFFICE
Ťā	PAYROLL OFFICE		3 P
	3537 JOHNSON AV	E	2 8 t e
	- EL MONTE, CA 91731	-3290	
	No. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10		
	4		
SUBJECT:	DIRECT DEPOSIT ACCOUNT	NT INFORMATION	91
70	100	M	e
1000	the second		
We need you to implement	r financial institution to comp electronic direct deposit.	lete/verify routing and	account information in order
Return this fo	orm to the payroll office or his	ave the financial institu	ition mail it to the district at
	85.	N*1	3 **
	COMPLETED/VERIFIED	BY FINANCIAL INS	STITUTION
₩ —	£		8
EMPLOYEE NAV	#i	17	SSN
FIAM FOLFF IAMA	(District to comple	ete)	SSN(District to complete)
EINIANCIAL INIC	TITUTION:		
FHAMITCIAL IIVS	IIIOION.		
LOCATION:		τ <sup>2</sup>	~
		*	
TYPE OF DEPOS	SITOR ACCOUNT:	OHECKING	SAVINGS
TRANSIT/ABA F	ROUTING NUMBER:		
ACCOUNT NUME	BER:		
COMMENTS:	20 20 20 20 20 20		
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	3 (	SOLUTION OF THE STATE OF THE ST	
Please indicate event addition	te the name and phone number all information is needed to im-	ber of person completing	ng/verifying the above, in the for this employee.
event addition	te the name and phone numl al information is needed to im	plement direct deposit	for this employee.
Please indicatevent addition	te the name and phone numl al information is needed to im (Please Print)	ber of person completing plement direct deposition DAT	for this employee.

Form DD-2 (7/91)