

DIRECT DEPOSIT ACCOUNT VERIFICATION FORM

TO: _____

FROM: _____ PAYROLL OFFICE
- EL MONTE UNION HSD _____
- PAYROLL OFFICE _____
- 3537 JOHNSON AVE _____
- EL MONTE, CA 91731-3290 _____
- _____

SUBJECT: DIRECT DEPOSIT ACCOUNT INFORMATION

We need your financial institution to complete/verify routing and account information in order to implement electronic direct deposit.

Return this form to the payroll office or have the financial institution mail it to the district at the above "From" address.

COMPLETED/VERIFIED BY FINANCIAL INSTITUTION

EMPLOYEE NAME: _____ SSN _____
(District to complete) (District to complete)

FINANCIAL INSTITUTION: _____

LOCATION: _____

TYPE OF DEPOSITOR ACCOUNT: _____ CHECKING _____ SAVINGS

TRANSIT/ABA ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

COMMENTS: _____

Please indicate the name and phone number of person completing/verifying the above, in the event additional information is needed to implement direct deposit for this employee.

NAME: _____ DATE: _____
(Please Print)

TELEPHONE NO: (_____) _____