

**FRESNO UNIFIED SCHOOL DISTRICT
Direct Deposit Enrollment Agreement**

Current Employee

- Certificated
- Classified
- Supplemental
- Certificated Substitute
- Classified Substitute
- Retiree – Certificated
- Retiree – Classified

New Hire Employee

- Certificated
- Classified
- Supplemental
- Certificated Substitute
- Classified Substitute
- Retiree – Certificated
- Retiree – Classified

NAME (Please Print): _____

EID: _____

Option: Checking Account # _____ (attach voided check)*

Savings Account # _____ (attach bank statement)*

(For Checking & Savings Account) ABA Routing # _____
(Contact bank for ABA Confirmation)

**IT IS IMPORTANT THAT YOU NOTIFY HUMAN RESOURCES AT (559) 457-3590
WHEN YOU HAVE CHANGED/CANCELED BANKS/ACCOUNTS**

I hereby authorize Fresno Unified School District (employer) to initiate credit entries and, if necessary, to adjust debit entries to my checking or savings account in order to directly deposit wages paid by my employer. I understand and agree to the following as a result of participation in this Automatic Pay Deposit (APD) Program.

1. This enrollment agreement is effective for the first payroll period in which it is received in Human Resources on or prior to the established cutoff date of the 15th of each month.
2. **IMPORTANT:** The first payroll period this agreement is in effect, a regular (paper) payroll check will be issued to the employee at their work location. A pre-notification will be sent to the enrollee's bank confirming the existence of the account number and bank participation. During the second month this agreement is in effect a payroll stub or remittance advice will be issued. The net pay (or amount) of the check will be deposited into the account and available to the participant the morning of the pay date.**
3. Termination of this agreement must be made by written notification to Human Resources and is effective for the first payroll period in which it is received by employer prior to the established cutoff date of the 15th of each month.
4. Separation/resignation from employer will terminate this agreement. Your final check will not be direct deposited.
5. The bank will reject a direct deposit and re-route it to employer if an account has been closed. The return process may take several days. Participants agree that if this happens they will wait for the funds to be received by employer before receiving a payroll check. Participants agree to hold employer harmless in the event this occurs, and the participant is responsible for any debts incurred.

Signature _____

Date _____

* Must accompany this form or the application will not be processed
**Verify with your financial institution the exact time of deposit.

→ **Retain a copy for your files** ←

PLEASE RETURN THIS FORM TO:

**DIVISION OF HUMAN RESOURCES
2309 TULARE STREET, FRESNO CALIFORNIA 93721**