

REDLANDS UNIFIED SCHOOL DISTRICT
AUTHORIZATION FOR SALARY PAYMENT AND PAYROLL WARRANT ADDRESS FORM
(Print Clearly)

Social Security No. Last Name First Initial School/Dept.

Street Address: (List/Do Not List) Number Street City State Zip Code

Mailing Address: (List/Do Not List) Number Street City State Zip Code

Married Single Former Name (\*Name Change Only) Home Phone Cell Phone
(Do Not List) (Do Not List)
(Unlisted) (Unlisted)

I authorize the Payroll Department to handle my salary warrant as follows: (Check any that apply)

- Bank Info. On File CONTRACT EMPLOYEE
Add/Change Bank Or Credit Union Salary warrants will be delivered to the work site.
Acct. No. Electronically transferred to my bank. (Attach voided check.)
Cancel EFT All EFT stubs will be delivered to the work site.
New Employee
Change Address SUBSTITUTE EMPLOYEE
Change Phone Salary warrants will be mailed to home address.
Change Name (\*) Electronically transferred to my bank. (Attach voided check.)
Hourly-Daily/Sub All EFT stubs will be mailed to home address.
Contract

Bank or Credit Union: Branch:
Address: City:
Depository Institution 9-digit Transit/ABA No:
Account No: Checking OR Savings

I, , shall hold harmless and indemnify the Redlands Unified School District, hereinafter referred to as the District, and its officers and employees from any claim or demand of whatever nature, including those based upon negligence of the District and its officers and employees, brought by any person, including any banking institution against the District in its capacity as an employer concerning the Payroll Warrant Disposition provided by the District.

I hereby authorize the District to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above. I also authorize the Depository Credit Union/Bank named above (Depository), to credit and/or debit the same to such account. Electronic fund transfer takes effect one month following request after a successful prenote test has occurred through the banking system. The request completed above is for the monthly deposition of my pay warrant from the effective date specified until rescinded in writing.

Signature of Employee Date

\*For Name Change, Social Security card required.
DISTRIBUTION OF COPIES: BLUE - Human Resources; GREEN - Payroll; PINK - RTA; GOLD - Employee
(Revised 6/10:mg)
C:FORMS/authslrywrtcls

CERTIFICATED