



Direct Deposit Request

In order to have your checks deposited directly into your savings or checking account(s), please enter information in the form below. You can choose to have funds deposited into as many as three (3) accounts, but you must direct deposit the **total** amount of your check into these accounts. You cannot both direct deposit funds and have a check created for you. The direct deposit will occur for every payroll. **Note:** New requests and changes submitted on this form may take up to 30-60 days to process.

Employee Name: _____

Employee ID (or Social Security Number if new hire): _____

Do you currently have an active Direct Deposit agreement with SDUSD? Yes No

Option 1: Deposit Check into ONE (1) account	Option 2: Deposit Check into TWO (2) accounts by amount or %	Option 3: Deposit Check into THREE (3) accounts by amount or %
Choose an Account Type: (Please select only one check box.) <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank routing ID: _____ Account #: _____ 	For Account 1 Choose an Account Type: (Please select only one check box.) <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank routing ID: _____ Account #: _____ <u>Deposit by Amt or %:</u> <input type="checkbox"/> Deposit this amount from <i>each</i> check into this account. Amount to deposit: _____ OR <input type="checkbox"/> Deposit this percent of <i>each</i> check into this account. Percent to deposit: _____	For Account 1 Choose an Account Type: (Please select only one check box.) <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank routing ID: _____ Account #: _____ <u>Deposit by Amt or %:</u> <input type="checkbox"/> Deposit this amount from <i>each</i> check into this account. Amount to deposit: _____ OR <input type="checkbox"/> Deposit this percent of <i>each</i> check into this account. Percent to deposit: _____
If the account is a checking account, you MUST attach a voided check to this form. If the account is a savings account, please attach a deposit slip. Return form to: Eugene Brucker Education Center Payroll Department 4100 Normal Sreet, Room 1150 San Diego, CA 92103 If you have questions regarding your direct deposit please call (619) 725-8146	For Account 2 Choose an Account Type: (Please select only one check box.) <input type="checkbox"/> Checking <input type="checkbox"/> Savings Deposit the remaining amount or percent from <i>each</i> check into this account. Bank routing ID: _____ Account #: _____	For Account 2 Choose an Account Type: (Please select only one check box.) <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank routing ID: _____ Account #: _____ <u>Deposit by Amt or %:</u> <input type="checkbox"/> Deposit this amount from <i>each</i> check into this account. Amount to deposit: _____ OR <input type="checkbox"/> Deposit this percent of <i>each</i> check into this account. Percent to deposit: _____
_____ Employee Signature Date Contact Phone Number: _____		For Account 3 Choose an Account Type: (Please select only one check box.) <input type="checkbox"/> Checking <input type="checkbox"/> Savings Deposit the remaining amount or percent from <i>each</i> check into this account. Bank routing ID: _____ Account #: _____