

Employee Notice – Automatic Payroll Deposit

The TULARE JOINT UNION HIGH SCHOOL DISTRICT encourages all district employees to participate in Automatic Payroll Deposit (APD). By doing so, you will receive an automatic deposit of your paycheck into your bank account on pay day. There are numerous advantages over a paper check:

- **Convenience** – You do not have to travel to the bank to deposit a paper check. You will have access to your funds on pay day. You will also have access to your payroll stub on the Employee ePortal System.
- **Security** - The electronic payment cannot get lost in the mail, damaged or stolen.
- **Increased Productivity** – District payroll staff will spend less time tracking down pay checks “lost in the mail”.
- **Cost Savings** – Reduced postage and bank charges make APD a more cost effective way to process payroll payments.

Employee Name: _____

Employee Payroll Payment Election – Please indicate below your preferred method of payment:

Please process my payroll payments as an **APD** (Automatic Payroll Deposit). Please complete attached APD Authorization Agreement. _____ (Initials)

Please process my payroll payments by **Check**. It is understood that any checks lost in the mail will not be replaced until after five (5) working days from the date of the check. _____ (Initials)

Please complete the election document and return to the District Human Resources Department. If you have any questions regarding this notice, please contact Kim Peevy or Clorinda Martinez.

Instructions: Human Resources Department should retain top section of the form for their records. If the employee elects to have their payroll payments via APD; the APD Authorization Agreement with original signatures should be returned to TJUHSD Payroll Department.

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AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (CREDITS)

I/we hereby authorize Tulare Joint Union High School District (Company/District) to initiate credits to my (our) account indicated below, and authorize the financial institution indicated below (“Financial Institution”) to credit my (our) account with the amount thereof.

Check one: **NEW** **CHANGE** ** **CANCEL**

District Name: _____ District Number: _____

Employee’s Name: _____ S.S.#: _____

Check one: **CHECKING (23)** **Attach a voided check to this form**
 SAVINGS (33) **Attach a copy of bank statement OR membership card and complete the following:**

****Any change(s) to your automatic deposit, a check will be issued until the new change(s) take effect**

Financial Institution: _____ Branch: _____

Routing Number: _____ Account Number: _____

This authority is to remain in full force and effect until Financial Institution has received written notification from me (or either of us) of its termination and Financial Institution has had a reasonable opportunity to act on it; or until Financial Institution has sent me (or either of us) ten (10) days written notice of Financial Institution’s termination of this arrangement.

Employee’s Signature: _____ Date: _____

Return to the TJUHSD Payroll Department. Please allow 2 payroll payments to take effect.