

## Direct Deposit Sign-up/Authorization Form

I hereby authorize my employer Cambria Community Services District to initiate deposits (or correcting entries to previous deposits) to my account(s) according to the information I have completed below.

Instructions: You may deposit funds in up to two separate bank accounts. One of the deposits **must** be for 100% of your remaining net paycheck amount. The first direct deposit authorization will credit the "primary" bank account you name below.

Optional: If you also wish to deposit a specific dollar amount (i.e. flat amount) into another account (for example: a savings account), indicate the specific dollar amount in the space provided in the Secondary Account Box. This amount will be credited to your "secondary" bank account, then the remaining balance of your net paycheck will be credited to your "primary" bank account.

**Attach a copy or an original voided check or a copy** for all checking accounts. Attach other bank documentation with routing number and account number verification for all other types of accounts.

### DEPOSIT AUTHORIZATIONS:

#### PRIMARY BANK ACCOUNT - FOR NET CHECK DEPOSITS

Name of Financial Institution: \_\_\_\_\_ Routing Number: \_\_\_\_\_  
Branch City and State: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Effective Date: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
(example: checking, savings, etc.)  
Amount: NET Pay → 100% of net paycheck

#### SECONDARY BANK ACCOUNT - OPTIONAL

Name of Financial Institution: \_\_\_\_\_ Routing Number: \_\_\_\_\_  
Branch City and State: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Effective Date: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
(example: checking, savings, etc.)  
Specific Flat Amount: \$ \_\_\_\_\_ per pay period

This authority is to remain in force until I revoke it by giving written notice to my employer or upon termination of my employment.

\_\_\_\_\_  
**Your Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Your Name**

\_\_\_\_\_  
**Soc Sec # - Last 4 digits**