



DIRECT DEPOSIT AUTHORIZATION START/STOP

Employee Name _____ Location No. _____
(PRINT) Last Name (12) First Name (13) Middle Initial

Employee Social Security No. _____ Today's Date _____
NEED COMPLETE SSN

Unified/Licensed _____ Support Staff/Substitute _____ ALLOW 30 DAYS FOR PROCESSING

START DEPOSIT

Account Type Code ☐ 1. Checking
2. Savings

Account Number

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PLEASE ATTACH A VOIDED CHECK

****A VOIDED CHECK OR BANK
DOCUMENT IS REQUIRED****

AUTHORIZATION TO START DEPOSIT

I hereby authorize the Clark County School District to initiate direct deposit of my entire net pay into my account and to initiate, if necessary, adjustments of any deposits made in error to my account. I further authorize the financial institution indicated above to credit and/or debit the same to such account. This authority is to remain in full force and effect until the Clark County School District has received a signed Clark County School District Stop Direct Deposit Authorization in such time and in such manner to afford the Clark County School District a reasonable opportunity to act. I acknowledge that I am solely responsible for the accuracy of the account number and the financial institution I have selected.

EMPLOYEE SIGNATURE

DATE

STOP DEPOSIT

Account Type Code ☐ 1. Checking
2. Savings

Account Number

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PLEASE ATTACH A VOIDED CHECK

**This section must be filled out to
stop current Direct Deposit.**

AUTHORIZATION TO STOP DEPOSIT

I authorize the Clark County School District to stop my Direct Deposit to the financial institution indicated above.

EMPLOYEE SIGNATURE

DATE