

# DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Company Name: **Natomas Charter School/Westlake Charter School**

Company Address: 4600 Blackrock Drive  
Sacramento, CA 95835-1250

Payroll Contact Name:  
(if Known) Lorna Leyson

Contact Phone: (916) 928-5335 opt #2

Posted: \_\_\_\_\_

Initial: \_\_\_\_\_

Test Month: \_\_\_\_\_

First Deposit Month: \_\_\_\_\_

## EMPLOYEE INFORMATION:

Social Security Number:    -   -

Account Number:                  Checking  Savings

Routing Transit Number:

(Please attach a **voided** check for number verification)

(Enrollment Action)  New  Change  Cancel

Employee Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Daytime: ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_

I authorize the company named above to make deposits to my account. In the event of a deposit error, I authorize the company to make adjustments to correct the error. **Upon notification of resignation or termination, my Direct Deposit will be stopped immediately and I will receive a manual warrant for my last pay period.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_