



WILLIAMS UNIFIED SCHOOL DISTRICT

DIRECT DEPOSIT ENROLLMENT AUTHORIZATION

Please type or use ballpoint pen – print clearly.

REGULAR EMPLOYEE SUBSTITUTE OR SHORT TERM

SECTION A

NEW ENROLLMENTS/CHANGES REQUIRE A PRE-NOTE AUTHORIZATION. PAPER WARRANTS WILL BE ISSUED & MAILED DURING THIS PROCESS.

TYPE OF ENROLLMENT ACTION		EMPLOYEE ID NUMBER	
1. <input type="checkbox"/> NEW	SECTIONS A, B, and C MUST BE COMPLETED	NAME (First	Middle
2. <input type="checkbox"/> CHANGE	SECTIONS A, B, and C MUST BE COMPLETED	ADDRESS	
<input type="checkbox"/> NO CHANGE	SECTIONS A and C MUST BE COMPLETED	PHONE	Email Address
3. <input type="checkbox"/> CANCEL			

SECTION B

ATTACH A PERSONALIZED **PRE-PRINTED VOIDED CHECK**. If you do not have checks or your direct deposit is going to a savings account please attach a letter from your financial institution letterhead with your name, account number, and transit number used for direct deposit with a bank representative signature.

TYPE OF ACCOUNT- MUST BE CHECKED. IF LEFT BLANK, ENROLLMENT WILL NOT BE PROCESSED			
Account	Amount/Percent	<input type="checkbox"/> (Checking)	<input type="checkbox"/> (Savings)
Account	Amount/Percent	<input type="checkbox"/> (Checking)	<input type="checkbox"/> (Savings)

SECTION C

This authorization remains in full force and effect until WUSD has received written notification from the employee of its cancelation. A minimum of ten days is required to cancel direct deposit prior to the next pay date.

For permanent employees, direct deposit will be cancelled upon the termination of employment. Those employees will receive a paper warrant for final pay. Substitutes are responsible for completing a form to cancel their direct deposit upon their termination.

I hereby agree that I WILL NOT have WUSD direct deposit any of my funds to either a foreign bank account or to a U.S. bank and then have the entire amount forwarded to a bank account in another country.

I hereby authorize WUSD to provide direct deposit of any salary or wages due me, less any mandatory or authorized withholding or deductions there from, in the above designated account. If at any time the amount of salary or wages so deposited exceeds the amount of salary or wages actually due and payable to me, I hereby authorize WUSD to either:

- (a) Withhold a sum equal to the overpayment from future salary or wages; or
- (b) Recover such overpayment from the above-designated account.

If WUSD is legally obligated to withhold any part of my wage or salary payment for any reason, or if I no longer meet eligibility requirements for the Direct Deposit program, I understand WUSD may terminate my enrollment in the program. **If ANY action taken by me or my bank results in non acceptance of a direct deposit by the designated financial institution, I understand that WUSD assumes NO RESPONSIBILITY for processing a supplemental salary or wage payment UNTIL the amount of the non acceptance deposit is returned to the Colusa County Auditor's Office by the financial institution.**

I HAVE READ, UNDERSTAND, AND ACCEPT THE ABOVE PROCEDURES AND DO HEREBY AGREE TO VOLUNTARILY PARTICIPATE IN THE COLUSA COUNTY OFFICE OF EDUCATION DIRECT DEPOSIT PROGRAM AND AGREE TO RECEIVE PAPERLESS STATEMENTS UNDER THESE TERMS.

NAME	SIGNATURE	DATE

Revised 8/6/2025

*****Please note: You will receive a regular warrant until the bank has returned the pre-note indicating that the account is valid.**