

**PLUMAS LAKE ELEMENTARY SCHOOL DISTRICT  
PAYROLL DELIVERY AUTHORIZATION**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Work Location

\_\_\_\_\_  
Date

I choose the below option for my end of the month pay check:

**Mail to my home** (checks will be mailed the day before scheduled pay day.)

(Please print address): \_\_\_\_\_

\_\_\_\_\_  
(You should be aware that if your paycheck is lost, stolen, or destroyed the County procedures for replacement requires that you complete a form and you must wait twenty (20) working days from the date on the original check before a new check can be issued.)

**Direct deposit into my bank account** (attach a voided check)

(Note: You will receive an earning statement showing gross salary, taxes, other deductions and net pay via U.S. mail.)

Financial Institution:

\_\_\_\_\_  
Branch Account Number

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

Checking  Savings

I hereby authorize PLUMAS LAKE ELEMENTARY SCHOOL DISTRICT to directly deposit my payroll check to the financial institution listed above.

This authority is to remain in full force and effect until PLUMAS LAKE ELEMENTARY SCHOOL DISTRICT has received written notification from me of its termination in such time and in such manner as to afford PLUMAS LAKE ELEMENTARY SCHOOL DISTRICT and the DEPOSITORY a reasonable opportunity to act on it.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**PLEASE RETURN FORM IN SEALED ENVELOPE TO BUSINESS SERVICES.**