

# DIRECT DEPOSIT FORM | Forma para Depósito Directo

Please sign and give to your employer | Por favor firmala y entrégala a tu empleador



**PAYROLL ADMINISTRATIVE INQUIRES:**  
PLEASE CALL: 760-444-1940

\_\_\_\_\_  
Name (Please Print) | Nombre (Letra de Molde)

\_\_\_\_\_  
Address | Domicilio

\_\_\_\_\_  
City, State, Zip | Ciudad, Estado, Código Postal

I authorize (insert Employer name) \_\_\_\_\_ to initiate electronic credit entries and adjustments for any credit entries in error to my account each pay period. I acknowledge that the origination of each transaction to my account must comply with provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Yo autorizo (nombre de su Empleador) a que comience a depositar y a corregir depositos a mi cuenta cada período de pago. Soy conciente de que las transacciones ACH originadas deberán realizarse cumpliendo con todas las provisiones de las leyes de los Estados Unidos. Esta autorizacion debe permanecer asi haats que yo por escrito cancele con mí Empleador.

\_\_\_\_\_  
Signature | Firma

\_\_\_\_\_  
Date | Fecha

17-digit Cardholder Account Number																
4	7	7	2	4	1											

Routing Number  
122244171

↑ Cardholder, you will need to call the number on the back of your card to receive the REMAINING eleven digits for your account number.