

**Adelanto Elementary School District**  
REQUISITION/AUTHORIZATION FORM

**Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Employment Pay Type:**  Certificated     Classified  
 Contract     Hourly/Daily

I HEREBY REQUEST THAT MY PAY WARRANT BE ELECTRONICALLY TRANSFERRED (EFT) TO MY BANK

I, \_\_\_\_\_ shall hold harmless and indemnify the Adelanto Elementary School District, herein after referred to as District, and its officers and employees from any claim or demand of whatever nature including those based upon negligence of the District, and its officers and employees, brought by any person, including any banking institution against the District in its capacity as an employer concerning the Payroll Warrant Disposition provided by the District.

I hereby authorize the District to initiate entries and, if necessary debit entries and adjustment for any credit entries in error to my account indicated below. I also authorize the Depository Credit Union/Bank named below to credit and/or debit the same to such account. The request completed above is for the monthly disposition of my pay warrant from the effective date specified until rescinded in writing.

**Electronic fund transfer takes effect one month following request after successful pre-note test has occurred through the banking system.**

**Note: Bank changes must be submitted to the District Office in person, with valid ID**

\_\_\_\_\_  
**Print Name**    **Signature**    **Date**

**Bank Name:** \_\_\_\_\_

**Bank Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Checking**       **Savings**

**PLEASE ATTACH A VOIDED CHECK**  
**A DEPOSIT SLIP WILL NOT WORK**