DIRECT DEPOSIT AUTHORIZATION

PRINT or TYPE

NAME _____ SOCIAL SECURITY NO./EMPLOYEE ID NO._____

DISTRICT _____ WORK SITE_____

I hereby authorize the above named District and the San Diego County Office of Education (SDCOE) and/or thier agents, to initiate electronic deposits via the Automated Clearing House (ACH) and, as necessary, debit corrections to previous deposits, to the folowing account(s).

I understand:

- Direct deposit status is not activated until my regular payroll cycle following a $0 test transaction (approx. 30 days).
- I must submit a new authorization form if I close/change my account (name, branch, ,etc.); failure to do so may result in a deposit delay.
- Direct deposit status will be temporarily suspended if wages are garnished and/or the Credentials Unit, SDCOE, places a hold on the warrant.
- It is my responsibility to keep apprised of any deposit(s) made to my account(s) including dates and amounts of any such deposit(s).

I agree to hold harmless and indemnify the District and SDCOE and their officers, employees and agents from any claim or demand of whatever nature, including those based upon negligence of the District and SDCOE and their officers, employees, and agents for failure or delay in making deposits and/or corrections to deposits as herein authorized.

This authorization replaces any previously made by me and is to remain in effect until changed or canceled by submission of a new Direct Deposit Authorization form.

Signature: _____ Date: _____

IF DEPOSITING TO A CHECKING/SHARE DRAFT ACCOUNT, ATTACH A VOIDED CHECK TO THIS FORM.
IF DEPOSITING TO A SAVINGS ACCOUNT, FINANCIAL INSTITUTION PROVIDES TRANSIT ROUTING NUMBER.

DEPOSIT INSTRUCTIONS: ☐ **New ACH Set Up (Prenote Needed)** ☐ **ACH Amount Change (No Prenote needed)** ☐ **ACH Cancellation**

Name of Financial Institution _____

Address of Financial Institution _____

Financial Institution Transit Routing No. ☐☐☐☐☐☐☐☐☐

Checking

☐ Net Check, or

☐ $ _____

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Checking Account Number

Savings

☐ Net Check, or

☐ $ _____

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Savings Account Number

ATTACH VOIDED BLANK CHECK HERE

if required

Jane A. Doe
1000 Main St.
Anywhere, U.S.A. 10001

_____20____

PAY TO THE ORDER OF_____$_____

_____ DOLLARS

MEMO_____ _____

⑆122233344⑆ 9991111222⑈ 1234

Transit Routing No. Account No. Check No.

White - District
Yellow - Employee