

TO: District Payroll Office
 SUBJECT: DIRECT DEPOSIT AUTHORIZATION

NEW OR CHANGE CANCEL

Name	Social Security No.
District	Work Telephone
Name of Bank / Credit Union / Savings & Loan	Branch No. / Location
Address of Bank / Credit Union / Savings & Loan	Telephone No. at Branch
Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

I hereby authorize the above named District and the Los Angeles County Office of Education (LACOE), and/or their agents, to initiate electronic deposits and, as necessary, debit corrections to previous deposits, to the above account.

I understand:

- Direct Deposit status is not activated until 10 days following a \$0 test transaction for NEW or CHANGE authorization.
- I must submit a new authorization form if I change my account (name, institution, branch, type of account, etc.)
- Direct Deposit status will be temporarily suspended if wages are garnished.
- Direct Deposit status may be suspended or rescinded by the District or LACOE, and payment made by county warrant, if necessary to meet payroll deadlines or under other extreme conditions.

I agree to hold harmless and indemnify the District and LACOE, and their officers, employees and agents from any claim or demand of whatever nature, including those based upon negligence of the District and LACOE 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 cancelled by submission of a new Direct Deposit Authorization form.

Signature: _____ Date: _____

Please attach a voided check showing the institution routing number and account number.

ATTACH VOIDED CHECK HERE

Area Below for District Use Only
 (Refer to Direct Deposit Reference Guide)

FINANCIAL INSTITUTION ROUTING NO.								

EMPLOYEE DEPOSIT ACCOUNT NUMBER															

Input by: _____ Date: _____