

# DIRECT DEPOSIT AUTHORIZATION

**PRINT or TYPE**

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

DISTRICT \_\_\_\_\_ WORK SITE \_\_\_\_\_

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

\_\_\_\_\_ 19 \_\_\_\_\_

PAY TO THE  
ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

MEMO \_\_\_\_\_

⑆ 1 2 1 1 4 1 8 2 2 ⑆    7 3 1 3 1 0 1 0 0 4 ⑆    1 2 3 4

Transit Routing No.
Account No.
Check No.