

DIRECT DEPOSIT AUTHORIZATION

PRINT or TYPE

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

DISTRICT _____ WORK SITE _____

Do you currently have an active Direct Deposit on file with another District or Charter School within San Diego County? **Yes** **No**
 If yes, what District(s) and/or Charter School(s)? _____

I hereby authorize the above named District(s), Charter School(s), 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, to debit corrections to previous deposits, to the account(s) specified below.

Direct deposit status is not activated until my regular payroll cycle following a \$0 test transaction (approx. 30 days).
 I agree to hold harmless and indemnify the District(s), Charter School(s), and SDCOE and their officers, employees, and agents from any claim or demand of whatever nature, arising from the use of the ACH system to process my direct deposit payments.
 This authorization replaces any previous agreements made by me and shall remain in effect until changed or canceled by submission of a new Direct Deposit Authorization form.

I agree to hold harmless and indemnify the District(s), Charter School(s), and SDCOE and their officers, employees, and agents from any claim or demand of whatever nature, arising from the use of the ACH system to process my direct deposit payments.

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

Signature: _____ Date: _____

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

Savings

Net Check, or

Checking Account Number

Net Check, or

Savings Account Number

ATTACH VOIDED, BLANK CHECK HERE, IF DEPOSITING TO A CHECKING OR SHARE DRAFT ACCOUNT

Jane A. Doe 1000 Main St. Anywhere, U.S.A. 10001		
PAY TO THE ORDER OF _____	_____ 20 ____	
	\$ _____	
_____ DOLLARS		
MEMO _____		
Transit Routing No.	Account No.	Check No.