

DIRECT DEPOSIT AUTHORIZATION

PRINT or TYPE

NAME _____

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 School 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 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.
- All new accounts must go through a Prenote verification (approx. 30 days), during which time a live warrant will be issued.
- Direct deposit status will be temporarily suspended if wages are garnished and/or the Credentials Unit at SDCOE places a hold on the warrant.
- It is my responsibility to keep apprised of any deposit(s) made to my account(s), including the date(s) and amount(s) of any such deposit(s).

I agree to hold harmless and indemnify the School District(s), Charter School(s), and SDCOE and their officers, employees, and agents from any claim or demand of whatever nature, including those based upon negligence of the District, School, or 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 previous agreements made by me and will remain in effect until changed or canceled by submission of a new Direct Deposit Authorization to the District, School, or SDCOE office in which I am currently employed. **All District, School, and SDCOE assignments, both current and future, will automatically be linked to the most recent Direct Deposit Authorization received by my current employer(s).**

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 _____ 20____
or Der of _____ \$ _____
_____ Doll Ar S

Me Mo _____

1: 1 2 2 2 3 3 3 4 4 1: 9 9 9 1 1 1 1 2 2 2 1: 1 2 3 4

transit routing No.
Account No.
Check No.