

Direct Deposit Authorization

NEW CHANGE CANCEL

NAME _____ SOCIAL SECURITY # _____

NAME OF BANK/CREDIT UNION _____

BANK ACCOUNT # _____ CHECKING SAVINGS

I hereby authorize the East San Gabriel Valley ROP/TC and the Los Angeles County Office of Education (LACOE), and/or their agents, to indicate electronic deposits and, as necessary, debit corrections to previous deposits, to the above account.

I understand:

1. Direct Deposits may not be activated until 120 days following a 40 test transaction for new or changed authorizations.
2. I must submit a new authorization form if I change my account (name, branch, type account, etc.)
3. Direct Deposits will be temporarily suspended if wages are garnished.
4. Direct Deposits may be suspended or rescinded by the District or LACOE, and payment made by county warrant, if necessary to meet payroll deadlines or under other extreme conditions.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 supersedes any previous direct deposit authorization submitted by me and is to remain in effect until I change or cancel this authorization by signing and submitting a new Direct Deposit Authorization Form.

Signature _____ Date _____

Attached below is a voided check or deposit slip or bank statement verifying the financial institution routing number and account number

ATTACH VOIDED CHECK/DEPOSIT SLIP HERE

District Use Only

FINANCIAL INSTITUTION ROUTING #

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EMPLOYEE DEPOSIT ACCOUNT NUMBER

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Entered by _____ Date: _____