

Direct Deposit Authorization

New ☐

Change ☐

NAME _____ SOCIAL SECURITY # _____

NAME OF BANK/CREDIT UNION _____

BANK ACCOUNT # _____ CHECKING ☐ SAVINGS ☐

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

I understand:

1. Direct Deposits may not be activated until the next following payroll, after 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.)

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 _____

ATTACH VOIDED CHECK/BANK VERIFICATION

District Use Only

FINANCIAL INSTITUTION ROUTING #
|: _____|:

EMPLOYEE DEPOSIT ACCOUNT NUMBER
_____||'

Entered by _____ Date: _____

SUBMIT TO SGVROP HUMAN RESOURCES OFFICE