



**Payroll Direct Deposit
Authorization Form – REVISED 9-10-18**
*Electronic Deposit must be turned in to Payroll by the
15th of the month to take effect the same month.*

PLEASE TYPE OR PRINT		<input type="checkbox"/> NEW	<input type="checkbox"/> CHANGE	<input type="checkbox"/> CANCEL
Employee Name _____		EIN Number _____		
Last	First	M.I.		
PLEASE NOTE: Employee must contact his/her financial institution for accurate ABA Routing & Account Numbers and complete the following Payroll Direct Deposit Authorization.				
Name of Financial Institution _____				
Address of Financial Institution _____				Check One
				<input type="checkbox"/> Checking
				<input type="checkbox"/> Savings
City _____	State _____	Zip Code _____		
Branch _____		Branch Phone Number _____		
9-Digit ABA Routing Number (Contact Financial Institution)			Account Number(Contact Financial Institution)	
<p>I hereby authorize the Unified School District, through Premier Community Credit Union, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any entries in error to my account at the financial institution named above, and authorize the financial institution to accept such entries and post them to the account indicated above. Debit entries will be made only in the event of a group electronic over deposit and will occur no later than the midnight before the last working day of the month.</p> <p>I Understand:</p> <ul style="list-style-type: none"> ■ Direct deposit will be suspended if a certificated employee's credential has not cleared through CTC/SJCOE or the credential has expired. ■ A new Payroll Direct Deposit Authorization Form must be submitted if account information is changed. (name, institution, Branch, ABA number, type of account, etc. ■ Direct deposit status may be suspended or rescinded, and payment made by warrant; if necessary, to meet payroll deadlines Or under other circumstances. If a warrant is produced, it will be forwarded to the district office for distribution or mailed to my home address. <p>I agree to hold harmless and indemnify Lodi Unified School District and San Joaquin County Office of Education and their officers, employees, and agents from any claim or demand of whatever nature, including those based upon negligence of LUSD and/or its officers, employees, and agents for failure or delay in making deposits and/or corrections to deposits as herein authorized. I acknowledge the origination of Automatic Clearing House (ACH) transactions to my account must comply with the provisions of United States' law.</p> <p>This authorization replaces any previously made by me and is to remain in effect until changed or cancelled by submission of a new Payroll Direct Deposit Authorization Form.</p>				
Employee Signature _____			Date _____	
Attach below a voided check, from the account the funds are to be deposited into, and forward to the District Payroll Department				

VOIDED CHECK MUST BE ATTACHED.

IMPORTANT

**Contact your financial institution for your correct
9-digit ABA Routing Number and Account Number**