New or Change ☐

Cancel ☐

DIRECT DEPOSIT AUTHORIZATION **FORM**

District:	**SSN/ID:**
Last Name:	**Bank Name:**
First Name:	**Bank Address:**
Middle Name:	**Branch:**

DEPOSIT INTO:

☐ CHECKING: _____ (Account Number)

☐ SAVINGS: _____ (Account Number)

BANK TRANSIT NUMBER:

**********Staple Voided Blank Check To This Form**********

I hereby authorize the above named District and the Orange County Department of Education and/or their agents, to initiate electronic deposits and, as necessary, debit corrections to previous deposits to the above account.

I understand:

- I MUST SUBMIT A NEW AUTHORIZATION FORM IF I CHANGE MY ACCOUNT (NAME, BRANCH, ETC.)

I agree to hold harmless and indemnity the governing board, the School District, their officers and employees, and the Superintendent of Schools of the County of Orange and his employees, from every claim and demand of whatever nature, including those based upon negligence of the governing board, the District, their officers and employees, and the Superintendent of Schools of the County of Orange and his employees for failure or delay in making deposits and/or corrections to deposits as herein authorized.

This authorization replaces any previously made by me and will remain in effect until changed or cancelled by my submission of a new Direct Deposit Authorization Form.

_____ *Employee Signature*

_____ *Date*

**********OFFICE USE ONLY**********

BANK ROUTING NUMBER

EMPLOYEE DEPOSIT ACCOUNT NUMBER