

TO: Payroll Department

Classified

☐

Certificated

☐

SUB: DIRECT DEPOSIT AUTHORIZATION

☐

NEW OR CHANGE

☐

CANCEL

NAME	SOCIAL SECURITY NUMBER
DISTRICT	WORK TELEPHONE NUMBER OR EXTENSION
NAME OF BANK/CREDIT UNION/SAVINGS & LOAN	BRANCH #/LOCATION
ADDRESS OF BANK/CREDIT UNION/SAVINGS & LOAN	TELEPHONE NUMBER AT BRANCH
ACCOUNT NO.	☐ Checking ☐ Savings

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

I understand:

- 1 Direct Deposit status is not activated until 20 days following a \$0 test transaction for NEW or CHANGE only.
- 2 I must submit a new authorization form if I change my account (name, institution, branch, type of account, etc.)
- 3 Direct Deposit status will be temporarily suspended if wages are garnished. I must submit a new form when cleared.
- 4 Direct Deposit status may be suspended or rescinded by the District or LACOE and payment made by county warrant, if necessary to meet payroll deadlines or under extreme conditions.
- 5 Employee is responsible for maintaining an active account and/or notifying the accounting department if account is closed.
- 6 I understand that I will be responsible for a \$30.00 reissue fee for a rejected direct deposit due to my account being closed or changed.

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 herein authorized.

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

Signature: _____ Date: _____

Attached below is a VOIDED CHECK OR BANK PRINTOUT;
LACOE will no longer accept deposit slips for direct deposit.

ATTACH VOIDED CHECK HERE or BANK PRINTOUT. DIRECT DEPOSITS WILL NOT BE
PROCESSED
WITHOUT A VOIDED CHECK OR BANK PRINTOUT

FOR DISTRICT USE ONLY

Please do not write in routing or account number

FINANCIAL INSTITUTION ROUTING NUMBER										EMPLOYEE DEPOSIT ACCOUNT NUMBER																		

Input by _____ Date: _____

Please return form to the Payroll Department. Any questions? Please call
Classified ext. 4233, Certificated ext. 4234.