## Liberty Union High School District Direct Deposit Authorization

New Change Cancellation

Employee#

Email Address - Required

Primary Account Information		
Name of Financial Institution		Account Number
Amount to be Deposited \$ ** NET AMOUNT **	Account Type Checking Savings	Routing Number
Secondary Account Information		
Name of Financial Institution		Account Number
Amount to be Deposited \$	Account Type Checking Savings	Routing Number
I hereby authorize the above named District and the Contra Costa County Office of Education (CCCOE), and/or their agents, to initiate electronic deposits and, as necessary, debit corrections to previous deposits, to the above account(s).		
Your signature indicates you have read and understand the information below:		
<ul> <li>Direct deposit status is not activated for 31 days following a \$0 test transaction for NEW or CHANGE authorization.</li> <li>I must submit a new authorization form if I change my account(s) and/or amounts to be deposited</li> <li>I will pay any charges caused by my failure to submit a new authorization form for any account changes.</li> <li>Direct Deposit status may be suspended or rescinded by the District or CCCOE and payment made by county warrant, if necessary, to meet payroll deadlines or under other extreme conditions.</li> <li>I agree to hold harmless and indemnify the District and CCCOE, and their officers, employees and agents from any claim or demand of whatever nature for failure or delay in making deposits and/or corrections to deposits as herein authorized.</li> <li>This authorization replaces any previously made by me and is to remain in effect until changed or canceled by submission of a new Direct Deposit Authorization form.</li> </ul>		
Signature		Date
** IMPORTANT: YOUR DIRECT DEPOSIT NOTIFICATION WILL BE EMAILED TO THE EMAIL ADDRESS ABOVE **		
Account and Routing Number Verification:  1. Attach a voided check 2. Attach verification from your institution		

Name