PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

DISTRICT NAME: New Jerusalem Elementary

SJCOE
EDUCATE · INNOVATE · INSPIRE

PLEASE TYPE OR PRINT

Employee Name: Last _____ First _____ MI _____ Employee Identification Number _____

PLEASE NOTE: Employee must contact financial institution for accurate ABA routing and account numbers. Deposit slips may not contain correct ABA routing and/or account number information so it is important to contact your financial institution. Complete the following Payroll Direct Deposit Authorization Form with the information received from your financial institution.

☐ NEW ☐ CHANGE ☐ CANCEL
Check One Check One

Name of Financial Institution _____

☐ Net Pay ☐ Checking
☐ Amount $_____ ☐ Savings

9-Digit ABA Routing Number _____ Account Number _____

RE-ENTER 9-Digit ABA Routing Number _____ RE-ENTER Account Number _____

☐ NEW ☐ CHANGE ☐ CANCEL
Check One Check One

Name of Financial Institution _____

☐ Net Pay ☐ Checking
☐ Amount $_____ ☐ Savings

9-Digit ABA Routing Number _____ Account Number _____

RE-ENTER 9-Digit ABA Routing Number _____ RE-ENTER Account Number _____

☐ NEW ☐ CHANGE ☐ CANCEL
Check One Check One

Name of Financial Institution _____

☐ Net Pay ☐ Checking
☐ Amount $_____ ☐ Savings

9-Digit ABA Routing Number _____ Account Number _____

RE-ENTER 9-Digit ABA Routing Number _____ RE-ENTER Account Number _____

I hereby authorize the SAN JOAQUIN COUNTY OFFICE OF EDUCATION (SJCOE), through PREMIER COMMUNITY CREDIT UNION, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any entries in error to any of my accounts indicated at the financial institution named above, and authorize the financial institution named above to accept such entries and post them to the accounts indicated above. I understand:

- Direct deposit will be suspended if a certificated employee's credential has not cleared through CTC/SJCOE or the credential has expired.
- I must submit a new Payroll Direct Deposit Authorization Form if I change any of my account(s) information (name, institution, branch, ABA routing number, type of account, etc.).
- Direct deposit status may be suspended or rescinded by the district or SJCOE, and payment made by county warrant, if necessary, to meet payroll deadlines or under other circumstances. If a county warrant is produced, it will be forwarded to the district office for distribution or mailed to my home address.

The language referenced is required by the banking industry rules that employers must follow when making direct deposits on behalf of their employees, i.e., the International ACH Transaction ("IAT") rules, pursuant to requirements of the Office of Foreign Assets Control ("OFAC").

I agree to hold harmless and indemnify the district and SJCOE and its officers, employees, and agents from any claim or demand of whatever nature, including those based upon negligence of SJCOE 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 Automated Clearing House (ACH) transactions to my account must comply with the provisions of United States law.

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

PLEASE NOTE: Confirm routing and account number with financial institution before submitting form.

*** IMPORTANT ***

DIRECT DEPOSIT MAY BE DELAYED IF YOU DO NOT PROVIDE ACCURATE AND LEGIBLE ROUTING AND ACCOUNT NUMBERS.
Any misinformation or changes to your account (account closures) can cause up to a 15 day delay to recover and reissue your direct deposit amount.

_____ _____
Employee Signature **Date**