

PRINT or TYPE

EMPLOYEE ID #

WORK SITE

☐ **Physical Paycheck**☐ **Direct Deposit**

Have you ever received a direct deposit with another School District, Charter School, or SDCOE within San Diego County? ☐ Yes ☐ No

☐ **Yes**☐ **No**

If Yes, what District(s) and/or Charter School?

If Physical Paycheck selected above, please skip to signature at the bottom of the page. Otherwise, continue with Deposit Instructions below.

DEPOSIT INSTRUCTIONS:

- Direct deposit status is not activated until my regular payroll cycle following a \$0 test transaction (approx. 30 days).
- I must submit a new authorization form if I close/change my account (name, branch, etc.). Failure to do so may result in a deposit delay.
- All new accounts must go through a Pre-note verification (approx. 30 days), during which time a live warrant will be issued.
- Direct deposit status will be temporarily suspended if wages are garnished and/or the Credentials Unit at SDCOE places a hold on the warrant.
- It is my responsibility to keep apprised of any deposit(s) made to my account(s), including the date(s) and amount(s) of any such deposit(s).
- **I understand that I have only one direct deposit record for all active positions within a San Diego County School District, Charter School, or SDCOE, even if I am employed by more than one of those employers.**

☐ New ACH Set Up
(Pre-note needed)☐ ACH Amount Change
(No Pre-note needed)☐ ACH Cancellation

Name of Financial Institution: _____

Address of Financial Institution:

[illegible]

*CHECKING

☐ Net Check or

☐ \$

[illegible]

Checking Account Number

SAVINGS

☐ Net Check or

☐ \$

[illegible]

Savings Account Number

***IF DEPOSITING TO A CHECKING OR
SHARE DRAFT ACCOUNT, ATTACH
VOIDED. BLANK CHECK HERE.**

John A. Doe
1000 Main St.
Anywhere, USA 10001

_____, 20

Pay to the _____, \$
Order of _____ Dollars

Memo

1: 1 2 2 2 3 3 3 4 4 1: 9 9 9 1 1 1 1 2 2 2 11 1 2 3 4

Transit Routing #**Account #**

Check #

I agree to hold harmless and indemnify the School District(s), Charter School(s), and SDCOE and their officers, employees, and agents from any claim or demand of whatever nature, including those based upon negligence of the District, School, or SDCOE and their officers, employees, and agents for failure or delay in making deposits and/or corrections to deposits as herein authorized.

This authorization replaces any previous agreements made by me and will remain in effect until changed or canceled by submission of a new Direct Deposit Authorization to the District, School, or SDCOE office in which I am currently employed. **All District, School, and SDCOE assignments, both current and future, will automatically be linked to the most recent Direct Deposit Authorization received by my current employer(s).**

I hereby authorize the above named School District(s), Charter School(s), and the San Diego County Office of Education (SDCOE) and/or their agents to initiate electronic deposits via the Automated Clearing House (ACH) and, as necessary, to debit corrections to previous deposits, to the account(s) specified below.

Signature: _____ **Date:** _____

Payroll/HR Use Only:

If applicable – Payroll/HR Department has notified other District and/or Charter School of Direct Deposit update on _____ Date _____ Initials _____

Payment Authorization Form - EUHSD – 10/2017