

## DIRECT DEPOSIT AUTHORIZATION

(Check One)

New or Change

Cancel

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Work Site: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name of Banking Institution: \_\_\_\_\_

Checking

or

Savings

**MUST ATTACH VOIDED CHECK OR BANK LETTER**

Account Number: \_\_\_\_\_

Bank Transit Routing Number: 

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I hereby authorize the Brea Olinda Unified School District and the Orange County Department of Education (OCDE) and/or their agents to initiate electronic deposits and, as necessary, debit corrections to previous deposits, to the above account.

I understand:

- Automatic deposit status is activated with the next regularly scheduled payday;
- I must submit a new authorization form if I change my account (name, branch, etc.);
- Automatic deposit status will be temporarily suspended if wages are garnished.

I agree to hold harmless and indemnify 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 herin 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_