

TO: Antelope Valley College District Payroll Office

SUBJECT: **DIRECT DEPOSIT AUTHORIZATION**

NEW OR CHANGE **CANCEL**

- Administration
- Full-Time Instructor
- Adjunct Instructor
- Classified/Confidential Mgt.
- Short-Term Hourly
- Student Assistant

Name	Soc. Sec. or 900 #:
District Antelope Valley College	Home (Cell) Phone #:
Name of Bank/Credit Union/Savings & Loan	Work Phone # (Ext):
Address of Bank/Credit Union/Savings & Loan	Bank Phone #:
Account Number	<input type="checkbox"/> CHECKING or <input type="checkbox"/> SAVINGS

I hereby authorize the above named District, and/or their agents, to initiate electronic deposits and, as necessary, debit corrections to previous deposits, to the above account.

I understand:

- **Direct Deposit status is not activated until one payroll after a test pre-note transaction test clears, for **NEW or CHANGE** authorizations (date sensitive – can take up to 2 months).**
- Direct Deposit status may be suspended or rescinded by the District, and payment made by warrant, if necessary, to meet payroll deadlines or under other extreme conditions.

I understand that I must submit a new Direct Deposit Authorization form if I change my account (name, institution, branch, type of account, etc.) or after a gap in employment. _____ Initial

*I understand that if I fail to do so and my direct deposit is rejected by my financial institution due to a closed account, A **\$25.00** processing fee will be imposed. _____ Initial*

I agree to hold harmless and indemnify the District, and their officers, employees, and agents from any claim or demand of whatever nature, including those based upon negligence of the District 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 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: _____

Please attach a voided check showing the institution routing number and account number.

ATTACH VOIDED CHECK HERE

Area Below for District Use Only
(Refer to Direct Deposit Reference Guide)

Financial Institution Routing No.	Employee Deposit Account Number																														
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>															

Input by: _____ Date: _____