



DIRECT DEPOSIT AUTHORIZATION

New or Changed

Cancel

Name	Social Security #
District	Work Telephone
Name and address of Bank/Credit Union/Saving & Loan	Branch #/Location
	Branch Telephone #
Account #	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

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.

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.

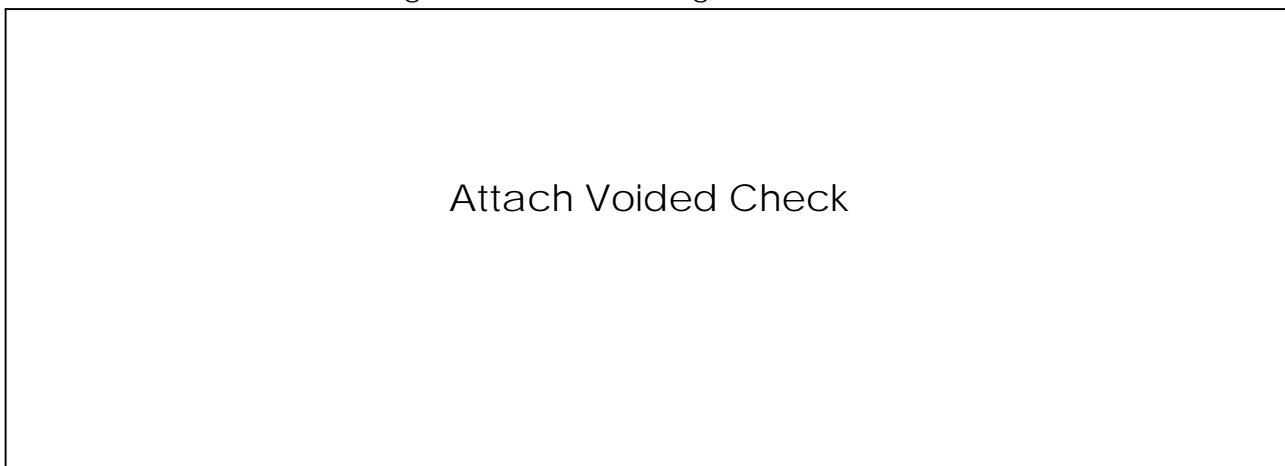
I further understand:

- ◆ **Direct Deposit status is not activated until 31 DAYS following a \$0.00 test transaction for NEW or CHANGE authorization.**
- ◆ I must submit a new authorization form if I change my account (name, institution, branch, type of account, etc.).
- ◆ I am responsible for any/all charges that result from a failure or delay in making deposits and/or corrections to deposits, no matter the reason for the failure or delay.
- ◆ Direct Deposit status may be suspended or rescinded by the District or CCCOE and payment made by county warrant, if necessary to meet payroll deadline or under other extreme conditions.

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.

Employee signature _____ **Date** _____

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



Routing number and accounting number must be verified by financial institution.

Financial Institution Routing Number												
I:												I:

Employee Deposit Account Number																
																

Verified By: _____ Date: _____