

SAN MARINO UNIFIED SCHOOL DISTRICT

TO: ALL EMPLOYEES
FROM: DISTRICT PAYROLL OFFICE
SUBJECT: DIRECT DEPOSIT AUTHORIZATION

San Marino Unified School District is pleased to offer **all employees** the opportunity to take advantage of direct deposit for their payroll processing. Simply fill out this form, attach a voided check and return it to the Accounting Department. That is all there is to it! Should you have any questions or need more information, please feel free to contact the Payroll Technician at 626.299.7000 ext. 328.

NEW OR CHANGE _____ CANCEL _____

NAME _____ SOCIAL SECURITY # _____
DISTRICT _____ WORK # _____
NAME OF BANK/CREDIT UNION/SAVINGS & LOAN _____
BRANCH _____ ADDRESS _____
TELEPHONE AT BRANCH _____
CHECKING ACCT. _____
SAVINGS ACCT. _____

I hereby authorize the above named District and the Los Angeles County Office of Education (LACOE) 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 10 days following a \$0 test transaction for NEW OR CHANGE authorization.
 - * I must submit a new authorization form if I change/close my account (name, institution, branch, type account, etc)
 - * Direct Deposit status will be temporarily suspended if wages are garnished.
 - * Direct Deposit status may be suspended or rescinded by the District or LACOE, and payment made by county warrant, if necessary to meet Payroll deadlines or under other extreme conditions.

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

ATTACH VOIDED CHECK