



DIRECT DEPOSIT – AUTHORIZATION AGREEMENT

Begin Deposits Change Information Cancel Deposits

Employee Name: _____ EMP ID #: _____

Department or Location: _____ Work Phone: _____

Checking or Savings* Deposit Net Check Deposit Dollar Amount \$ _____

ATTACH REQUIRED BANK INFORMATION FOR DIRECT DEPOSIT

Voided Check, Check Copy, or Information From Bank (1 item only)

The number on the bottom of your check or bank information are used by the payroll department to make the electronic transfer of your payroll directly to your account. **DO NOT ATTACH A DEPOSIT SLIP**

I hereby authorize the Ventura County Office of Education (VCOE), and/or their agents, to initiate electronic deposits and, as necessary, debt corrections to previous deposits, to the above account.

I understand:

- **Automatic deposit status is not activated until the month following a \$ 0.00 test transaction.**
- I must submit a new authorization form if I change my account (name, branch, etc.) or if such changes occur as the result of a merger, buy-out, etc. New forms must be submitted in timely manner.
- Automatic deposit status will be temporarily suspended if wages are garnished or held for credential reasons.

I agree to hold harmless and indemnify VCOE and the Oxnard Union High School District (OUHSD), and its officers and employees, from any claim or demand of whatever nature, including those based upon negligence of VCOE or OUHSD and its officers and employees, for failure or delay in making deposits and/or correction to deposits as herein authorized.

I agree to pay all fees incurred because of failure on my part to notify OUHSD of any changes in my account information that would result in a return of my deposit.

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 Agreement.

Employee Signature

Date

DO NOT WRITE BELOW THIS LINE – FOR PAYROLL USE ONLY

Effective Date _____