IRVINE UNIFIED SCHOOL DISTRICT

Direct Deposit Authorization

NAME	EMPLOYEE ID OR LAST 4 DIGITS OF SS#
SCHOOL/LOCATION	WORK OR PERSONAL PHONE
NAME OF BANK, CREDIT UNION OR SAVINGS & LOAN	TYPE OF CHANGE: ☐ NEW ACCOUNT ☐ ACCOUNT CHANGE ☐ CANCEL DIRECT DEPOSIT

DEPOSIT INTO:

☐ CHECKING _____ ☐ SAVINGS _____

ACCOUNT NUMBER – ATTACH VOIDED CHECK ACCOUNT NUMBER

BANK TRANSIT/ROUTING NUMBER _____

I hereby authorize the above-named District and 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.

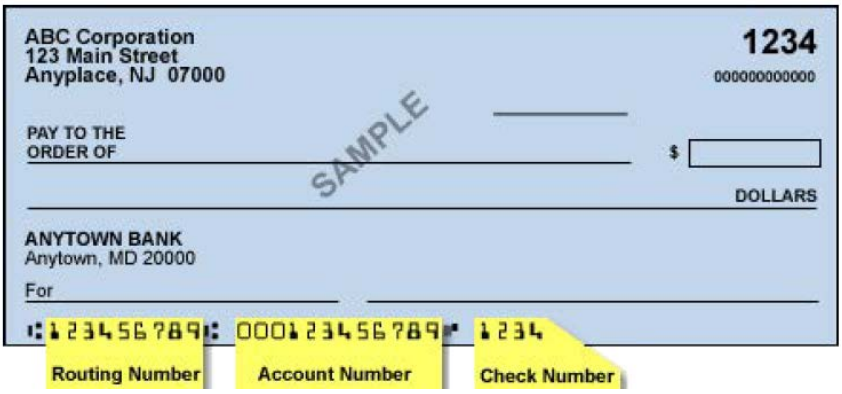
- automatic deposit status is not activated until 20 days following a $0 test transaction;
- I must submit a new authorization form if I change my account (name, branch, etc.);
- automatic deposit status will be cancelled if wages are garnished and a new deposit authorization will be required when garnishment is satisfied.

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 their employees, from every claim and demand, of whatever nature, including those based on negligence of the governing board, the district, their officers and employees and the Superintendent of Schools of the County of Orange and their employees; for failure or delay in making deposits and/or corrections to deposits as herein authorized.

This authorization replaces any previously made by me and will remain in effect until changed or canceled by my submission of a new Direct Deposit Authorization form.

SIGNATURE _____ DATE _____

ATTACH VOIDED CHECK HERE (Only if adding/changing direct deposit)



VERIFIED BY _____

DATE _____

Rev 7/11/19