DIRECT DEPOSIT AUTHORIZATION

PRINT or TYPE

NAME _____ SOCIAL SECURITY NO./EMPLOYEE ID NO._____

DISTRICT _____ WORK SITE_____

Do you currently have an active Direct Deposit on file with another School District or Charter School within San Diego County? *Yes* ☐ *No* ☐

If yes, what District(s) and/or Charter School(s)? _____

I hereby authorize the above named School District(s), Charter School(s), and the San Diego County Office of Education (SDCOE) and/or their agents to initiate electronic deposits via the Automated Clearing House (ACH) and, as necessary, to debit corrections to previous deposits, to the account(s) specified below.

- Direct deposit status is not activated until my regular payroll cycle following a $0 test transaction (approx. 30 days).
- I must submit a new authorization form if I close/change my account (name, branch, etc.). Failure to do so may result in in a deposit delay.
- All new accounts must go through a Prenote verification (approx. 30 days), during which time a live warrant will be issued.
- Direct deposit status will be temporarily suspended if wages are garnished and/or the Credentials Unit at SDCOE places a hold on the warrant.
- It is my responsibility to keep apprised of any deposit(s) made to my account(s), including the date(s) and amount(s) of any such deposit(s).
- **I understand that I have only one direct deposit record for all active positions within a San Diego County School District, Charter School, or SDCOE, even if I am employed by more than one of these employers.**

I agree to hold harmless and indemnify the School District(s), Charter School(s), and SDCOE and their officers, employees, and agents from any claim or demand of whatever nature, including those based upon negligence of the District, School, or SDCOE 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 previous agreements made by me and will remain in effect until changed or canceled by submission of a new Direct Deposit Authorization to the District, School, or SDCOE office in which I am currently employed. **All District, School, and SDCOE assignments, both current and future, will automatically be linked to the most recent Direct Deposit Authorization received by my current employer(s).**

Signature: _____ Date: _____

DEPOSIT INSTRUCTIONS: ☐ **New ACH Set Up (Prenote Needed)** ☐ **ACH Amount Change (No Prenote needed)** ☐ **ACH Cancellation**

Name of Financial institution _____

address of Financial institution _____

Financial institution t ransit r outing No. ☐☐☐☐☐☐☐☐☐

Checking

☐ Net Check, or

☐ $ _____

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Checking Account Number

Savings

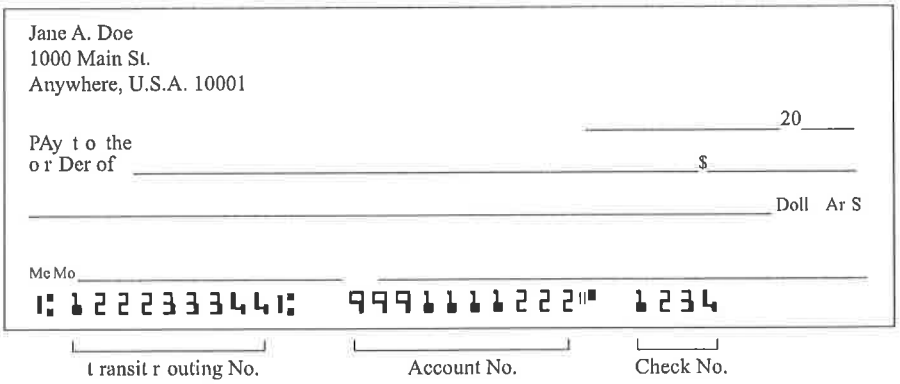
☐ Net Check, or

☐ $ _____

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Savings a ccount Number

ATTACH VOIDED, BLANK CHECK HERE, IF DEPOSITING TO A CHECKING OR SHARE DRAFT ACCOUNT



Form 224 - Bu S
SDCOE 1/15

Payroll/HR Use Only:
If applicable - Payroll/HR Department has notified other District and/or Charter School of Direct Deposit update on _____ Date ____Initials