



OFFICE OF HUMAN RESOURCES  
**DIRECT DEPOSIT AUTHORIZATION**

Copies to:  
 Employee  
 Payroll  
 HR

**CHECK APPROPRIATE BOX:**

**Classified Employee:**  Permanent  Temporary  New or Change  
**Certificated Employee:**  Full-time  Part-time  Cancel

Print Name:	Social Security Number:
District:	Work Phone:
Name of Bank/Credit Union/Savings & Loan:	Branch #/Location:
Address of Bank/Credit Union/Savings & Loan:	Branch Phone:
Account Number:	Type of Account:

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 20 days following a \$0 test transaction for New or Change authorization.
- I must submit a new authorization form if I change my account (name, institution, branch, account type, 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- Direct Deposit status may be suspended or rescinded by the District, or LACOE, and payments made by county warrant, if necessary to meet payroll deadlines or under other extreme conditions.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.

**Your Name**

**Address**

**Your Bank**

**VOID**

**ATTACH VOIDED CHECK**

EMPLOYEES'S SIGNATURE:

DATE: \_\_\_/\_\_\_/\_\_\_

**Human Resource FYWj YX Vm**

Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_