Payroll Unit Direct Deposit Authorization

PLEASE CHECK			
New Change Cancel			
PRINT LAST NAME, FIRST NAME, MIDDLE INITIAL			SOCIAL SECURITY NUMBER
NAME OF SCHOOL DISTRICT (IF EMPLOYED WITHIN THE OFFICE, PUT YOUR ROOM NUMBER HERE)			WORK TELEPHONE NUMBER
			()
NAME OF BANK/CREDIT UNION/SAVINGS & LOAN		Checking	BRANCH TELEPHONE NUMBER
		Savings	()
ACCOUNT NUMBER	ADDRESS OF BANK/CREDIT UN	NION/SAVINGS & LOAN (NŪ	MBER,STREET,CITY AND ZIP CODE)
I hereby authorize the district and the Los Ange	eles County Office of Educat	ion (LACOE) and/or its a	gents to imitiate electronic
deposits and, as necessary, debit corrections to plant to the corrections to plant to the corrections to the	previous deposits to my acco	ount.	-
			o be suspended if a a certificated
			nay be suspended or rescinded by
if I change my account (name, institution, branch, type account,	etc.)	the district or LACOE and payment made by county warrant, if necessary, to meet payroll deadlines or under	
extreme con			o meet payron deadines or under
 Direct deposit status will be temporarily are garnished. 	suspended if wages		
agree to hold harmless and indemnify the distriction any claim or demand of whatever nature, it gents for failure or delay in making deposits at this authorization replaces any previously made imployee's Direct Deposit Authorization.	including those based upon rand/or corrections to deposits	negligence of LACOE and as herein authorized.	l its officers, employees, and
ATTACH BELOW A VOIDED CHECK SHOWING THE INSTITUTION ROUTING NUMBER AND ACCOUNT NUMBER.	SIGNATURE OF EM	IPLOYEE	DATE SIGNED
	ATTACH VOIDED	CHECK HERE	
	FOR COUNTY OFFI	CE USE ONLY	
Lefer to the Direct Deposit Reference Guide FINANCIAL INSTITUTION ROUTING NO.	1	EMPI OVER'S DED	OSIT ACCOUNT NO.
		JACOUTE STORY	
NPUT BY (PRINT NAME)			GR 9/2007

Attachment No. 2 Inf. Bul. No. 92 SFS-A20-2010-2011