

Desert Sands Unified School District
PAYROLL DIRECT DEPOSIT
 Authorization Form

Employee Name: _____ Employee ID _____ CL CE

I hereby request to have my payroll warrant electronically transferred (Direct Deposit) to my financial institution(s) as specified below. I have attached a VOIDED CHECK for each checking account and/or a DIRECT DEPOSIT AUTHORIZATION FORM displaying the account and routing numbers of each account. Voided Check(s) Direct Deposit Authorization Form

1.	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/> No Change	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																				
The NET amount will be deposited to: _____ <div style="text-align: right; font-size: small;"><i>Financial Institution</i></div>																						
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My signature below certifies that I shall hold harmless and indemnify the Desert Sands Unified School District, hereinafter referred to as DISTRICT, and its officers and employees from any claim or demand of whatever nature including those based upon negligence of the DISTRICT and its officers and employees, brought by any person, including any financial institution(s), against the DISTRICT in its capacity as an employer concerning the Payroll Warrant Distribution provided by the DISTRICT.

I hereby authorize the DISTRICT to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above. I also authorize the financial institution(s) identified above to credit and/or debit the same to such account. I understand that the request completed above is for the distribution of my payroll warrants from the effective date specified until rescinded in writing. _____ Initial

I understand that it is my responsibility to notify DISTRICT payroll in the event there are changes to my financial account(s). An account closure without immediate notification can result in a delay of available funds for up to seven (7) working days. _____ Initial

THIS FORM SUPERSEDES AND MAKES NULL ALL PREVIOUS DEPOSIT AUTHORIZATION FORMS.

Date: _____ Signature: _____