



Direct Deposit Authorization

Form must be delivered to District Office by the employee. A voided preprinted check or a bank direct deposit form with the employee's printed name must be attached for this authorization to take effect for initiations or changes.

1. Printed Name: _____
E-mail address for electronic delivery: _____

PIN = Last (4) digits of your social security number

Direct Deposit Sequence 1

New Change Cancel

2. Bank Name: _____ Routing Number: _____
Account Type: Checking Savings Account Number: _____
Deposit Rule: Available Balance Percent Amount _____% Dollar amount \$ _____

Direct Deposit Sequence 2

New Change Cancel

Bank Name: _____ Routing Number: _____
Account Type: Checking Savings Account Number: _____
Deposit Rule: Available Balance Percent Amount _____% Dollar amount \$ _____

Direct Deposit Sequence 3

New Change Cancel

Bank Name: _____ Routing Number: _____
Account Type: Checking Savings Account Number: _____
Deposit Rule: Available Balance Percent Amount _____% Dollar amount \$ _____

3. Attach a voided preprinted check or bank direct deposit form here when adding or changing accounts

I hereby authorize Lakeport Unified School District and the financial institution shown on the check below, to deposit my net paycheck into my account. I shall hold harmless and indemnify the Lakeport Unified School District, herein after referred to as Superintendent, and its officers and employees from any claim or demand of whatever nature including those based upon negligence of the Superintendent and its officers and employees, brought by any person, including any banking institution against the Superintendent in the capacity concerning the Payroll Warrant disposition provided by the Superintendent.

4. I understand it is my responsibility to ensure that my net check has been properly credited to my account before issuing checks against that account. If funds to which I am not entitled are deposited, I hereby authorize the Lakeport Unified School District either to direct the financial institution to credit and /or correct the amounts to my account. Electronic fund transfer initiations and changes takes effect one month following the request after a successful pre-note test has occurred through the banking system. This agreement must be received by the 10th of the month in order to be effective for the following month's payroll (i.e. – March 10th for April payroll).

Employee Signature: _____ Date: _____

Received at District Office by: _____