

# DIRECT DEPOSIT AUTHORIZATION

TO: Citrus College Payroll Office

SUBJECT: Direct Deposit Authorization

New       Change       Cancel

Name:	Social Security Number:
Name of Financial Institution:	Branch Location:
Financial Institution Address:	Financial Institution Telephone Number:
Account Number:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

I hereby authorize Citrus College and the Los Angeles County Office of Education, and/or their agents, to initiate electronic deposits and, as necessary, debit corrections to previous deposits, to the above account.

I understand:

- Direct Deposit is not activated until 10 days following a \$0 test transaction for new or changed authorizations.
- I must submit a new authorization form if I change my account (institution, branch, type of account, etc.).
- Direct Deposit status will be temporarily suspended if wages are garnished.
- Direct Deposit status may be suspended or rescinded by Citrus College or LACOE and their officers, employees, and agents for failure or delay in making deposits and/or corrections to deposits or as hereby 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.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP HERE**

**Area Below for District Use Only**

Financial Institution Routing Number	Employee Deposit Account Number
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\_\_\_\_\_  
Input by

\_\_\_\_\_  
Date