## **MONROVIA UNIFIED SCHOOL DISTRICT**

## PAYROLL UNIT

Employee Direct Deposit Authorization

PLEASE CHECK ONE	einstate		
PRINT LAST NAME, FIRST NAME, MIDDLE INITIAL	BANK N	AME/CREDIT UNION/SAVINGS & LOAN	Checking Savings
WORK LOCATION			
CONTACT PHONE NUMBER			
I hereby authorize the district and the Los Angeles County Office of Education (LACOE) and/or its agents to initiate electronic deposits and, as necessary, debit corrections to previous deposits to my account.			
<ul> <li>I understand:</li> <li>Direct deposit status is not activated until 10 day</li> <li>I must submit a new <i>Employee's Direct Deposit .</i></li> </ul>	-	•	
Direct deposit status will be temporarily suspended if wages are garnished.			
<ul> <li>Direct deposit will also be suspended if a certificated employee's credential expires.</li> </ul>			
Direct deposit status may be suspended or rescinded by the district or LACOE and payment made by county warrant,			
if necessary, to meet payroll deadlines or under extreme conditions.			
I agree to hold harmless and indemnify the district and LACOE and its officers, employees and agents from any claim or demand of whatever nature, including those based upon negligence of LACOE and its 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 canceled by submission of a new <i>Employee's Direct Deposit Authorization</i> .			
BELOW, ATTACH A VOIDED CHECK	GNATURE OF	EMPLOYEE	DATE SIGNED
SHOWING THE INSTITUTION ROUTING NUMBER AND ACCOUNT NUMBER X			
NUMBER AND ACCOUNT NUMBER A			

## ATTACH VOIDED CHECK HERE

## FOR DISTRICT PAYROLL UNIT USE ONLY

FINANCIAL INSTITUTION ROUTING #	EMPLOYEE DEPOSIT ACCOUNT NUMBER	
INPUT BY:	DATE:	