

San Marino Unified School District

Direct Deposit Authorization Form

Authorization Agreement

I hereby authorize above named District and the Los Angeles County Office of Education (LACOE) and/or their agents to initiate automatic deposits to my account at the financial institution named below. I also authorize San Marino Unified School District to make withdrawals from this account in the event that a credit entry is made in error.

- I understand:
- * Direct Deposit status is not activated until the next payroll cycle
 - * I must submit a new authorization form if I change/close my account (name, institution, branch, account type, etc)
 - * Direct Deposit status will be temporarily suspended if wages are garnished
 - * Direct Deposit status may be suspended or rescinded by the District or LACOE, and payments made by county warrant, if necessary to meet payroll deadlines or under extreme conditions

Further, I agree not to hold San Marino Unified School District responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until San Marino Unified School District receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Branch Address: _____

Branch Phone Number: _____

Routing Number: _____

Account Number: _____ Checking | Savings

Signature

Employee Name: _____ Position: _____

Employee Signature: _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.