HUENEME ELEMENTARY SCHOOL DISTRICT DIRECT DEPOSIT - Authorization Agreement

☐ Begin Deposits	☐ Change Information	☐ Cancel Deposits
Employee Name		S.S.# <u>XXX</u> - <u>XX</u> -
Department or Location_		
☐ Checking ☐ Savings	Work Phone H	ome/Cell Phone
use ele to y	numbers on the bottom of you d by your payroll department ctronic funds transfer of your p your account	to make the ayroll directly
	e Elementary School District (HESD), an oit corrections to previous deposits to	
I understand:		
 I must submit a new aut Automatic deposits stat If you are a school sessio CHANGE OR CLOSE ban 	is is not activated until the month follo horization form if I change my accou us may be temporarily suspended if v on or 10-month employee who elects of accounts or bank institutions in July of the information used for your June 30th	unt (name, branch, etc). wages are garnished. to receive summer pay, you CANNOT and August. All summer direct deposits
I agree to hold harmless and indemnify HESD, and its officers and employees, from any claim or demand of whatever nature, including those based upon negligence of HESD and its officers and employees, for failure or delay in making deposits and/or corrections to deposits as herein authorized.		
I agree to pay all fees incurred information that would result in	I because of failure on my part to n a return of my deposit.	otify of any changes in my account
This authorization replaces any p by submission of a new Direct D	oreviously made by me and is to remo reposit Authorization Form.	iin in effect until changes or canceled
Employee Signature		Date
To be completed by Payroll Department Routing Transit Number Account Number		

"Live" Effective Date _____

PreNote Date _____