CONTRA COSTA COUNTY
Office of Education
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DIRECT DEPOSIT AUTHORIZATION

❒ New or Changed ❒ Cancel

Name	Social Security # (Last 4 only)
District	Work/Home Telephone
Name and address of Bank/Credit Union/Savings & Loan	Branch #/Location
	Branch Telephone #
Email Address for electronic stub delivery *(Required)*	❒ Checking ❒ Savings

I hereby authorize the above named district and the Contra Costa County Office of Education (CCCOE), and/or their agents to initiate electronic deposits, and as necessary, debit corrections to previous deposits to the above account.

I agree to hold harmless and indemnify the District and CCCOE, and their officers, employees and agents from any claim or demand of whatever nature for failure or delay in making deposits and/or corrections to deposits as herein authorized.

I further understand:

- **Direct Deposit status is <u>not</u> activated until 31 DAYS following a $0.00 test transaction for New or CHANGE authorization.**
- I must submit a new authorization form if I change my account (name, institution, branch, type of account, etc.).
- I am responsible for any/all charges that result from a failure or delay in making deposits and/or corrections to deposits, no matter the reason for the failure or delay.
- Direct Deposit status may be suspended or rescinded by the District or CCCOE and payment made by county warrant, if necessary, to meet payroll deadline or under other extreme conditions.

This authorization replaces any previously made by me and is to remain in effect until changed or canceled by submission of a new Direct Deposit Authorization form.

Employee signature_____ **Date**_____

Please attach a voided check showing the institution routing number and account number.

Attach Voided Check

Routing number and account number must be verified by financial institution.

Financial Institution Routing Number										
⑆										⑆

Employee Deposit Account Number																
																⑈

Verified By: _____ Date: _____