

**ORANGE UNIFIED SCHOOL DISTRICT
DIRECT DEPOSIT AUTHORIZATION**

NEW

CHANGE

CANCEL

FILL OUT, SIGN AND RETURN TO THE PAYROLL OFFICE

CERTIFICATED

CLASSIFIED

NAME	SOCIAL SECURITY / EMPLOYEE ID
POSITION	TELEPHONE
NAME OF BANK, CREDIT UNION OR SAVINGS & LOAN	TELEPHONE OF BANK, CU OR S&L

DEPOSIT INFORMATION: (Choose one of the following)

CHECKING

SAVINGS

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ACCOUNT NUMBER (School's First Federal Credit Union requires **12 digit checking** account number)

BANK TRANSIT OR ROUTING NUMBER (Please verify with your Bank, Credit Union or Savings and Loan.)

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I hereby authorize the Orange Unified School District and the Orange County Department of Education and or their agents, to initiate electronic deposits and, as necessary, debit corrections, to previous deposits to the above account.

I understand:

- I will immediately notify the Payroll Office directly if I close my account, terminate my employment or go on a leave;
- I must submit a new authorization form if I change my account (name, branch, etc)
- Automatic deposit status may be suspended if wages are garnished;
- Any discrepancy in my name, between payroll and bank records, will void this authorization

I agree to hold harmless and indemnify the governing board, the School District, their officers and employees, and the Superintendent of Schools of OCDE and his/her employees, for every claim and demand, or whatever nature, including those passed upon negligence of the governing board, the District, their officers and employees, and the Superintendent of Schools of OCDE and his/her employees, for failure or delay in making deposits and/or corrections to deposits as herein authorized.

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

SIGNATURE: _____ **DATE:** _____

To access online check stubs please goto www.orangeusd.org/payroll/PDF/HowtoAccessReadYourPayStub.pdf