CONEJO VALLEY UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT
1400 E. Janss Road, Thousand Oaks, California 91362
Telephone (805) 497-9511 · FAX (805) 494-3741

DIRECT DEPOSIT-AUTHORIZATION AGREEMENT

REQUEST TYPE: ☐ BEGIN DIRECT DEPOSIT ☐ CHANGE ☐ ADDITIONAL ACCOUNT ☐ CANCEL DEPOSIT

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

XXX - XX - _____ Work Location _____ Work Phone # _____
Social Security No. (Last 4 digits)

DIRECT DEPOSIT #1	**DIRECT DEPOSIT #2** (OPTIONAL)	**DIRECT DEPOSIT #3** (OPTIONAL)
BANK ACCOUNT (check one) : ☐ **Checking** ☐ **Savings**	BANK ACCOUNT (check one) : ☐ **Checking** ☐ **Savings**	BANK ACCOUNT (check one) : ☐ **Checking** ☐ **Savings**
BANK NAME:_____ ACCOUNT #_____	BANK NAME:_____ ACCOUNT #_____	BANK NAME:_____ ACCOUNT #_____
I wish to deposit (check one): ☐ ALL Net Pay ☐ Specific Dollar Amount $_____	I wish to deposit (check one): ☐ Specific Dollar Amount $_____ ☐ Remainder of Net Pay	I wish to deposit (check one): ☐ Specific Dollar Amount $_____ ☐ Remainder of Net Pay

TO REQUEST DIRECT DEPOSIT TO ADDITIONAL ACCOUNTS PLEASE COMPLETE A NEW FORM.

EMPLOYEE ACKNOWLEDGEMENT AND CERTIFICATION OF DIRECT DEPOSIT AUTHORIZATION

I hereby authorize the Ventura County Superintendent of Schools Office (VCSSO), and/or their agents, including CVUSD, to initiate electronic deposits and, as necessary, debit corrections to previous deposits, to the above account(s).

I agree to hold harmless and indemnify VCSSO and CVUSD, and its officers and employees from any claim or demand of whatever nature, including those based upon negligence of VCSSO or CVUSD and its officers and employees for failure or delay in making deposits and/or corrections to deposits as herein authorized.

I further understand:

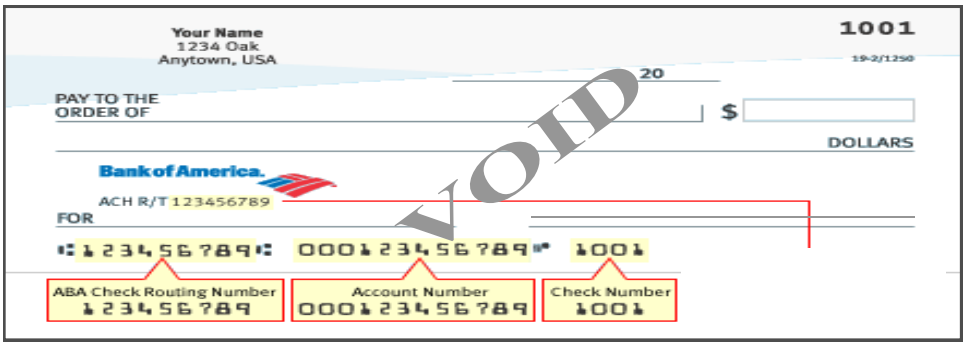
⇒ Direct deposit is not activated until the month following a successful $0 test transaction (up to 2 payroll cycles).
⇒ I must submit a new authorization form if I change my account (name, branch, etc.) or if such changes occur as the result of a merger, buy-out, etc. New forms must be submitted in a timely manner.
⇒ Automatic deposit status may be temporarily suspended if wages are garnished, or held for credential reasons.
⇒ I am responsible for paying any and all fees incurred because of failure on my part to notify CVUSD of any changes in my account information that would result in a return of my deposit.

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

_____ _____/_____/_____
Employee Signature Date

YOU MUST ATTACH A VOIDED CHECK(S) OR COPY OF A CHECK(S) HERE FOR EACH DIRECT DEPOSIT ACCOUNT REQUESTED ABOVE:

The numbers on the bottom of your check are used by the payroll office to make the electronic funds transfer of your payroll directly to your account.



PAYROLL DEPARTMENT USE ONLY

FINANCIAL INSTITUTION NAME:
DD #1: _____
DD #2: _____
DD #3: _____

ROUTING NUMBER:
DD #1: _____
DD #2: _____
DD #3: _____

ACCOUNT NUMBER:
DD #1: _____
DD #2: _____
DD #3: _____