RIVERSIDE COMMUNITY COLLEGE DISTRICT

Employee #_____

PAYROLL DIRECT DEPOSIT
Authorization Form

❑ Certificated
❑ Classified

❑ New
❑ Change
❑ Cancellation

NAME: _____ SOCIAL SECURITY: _____

I HEREBY REQUEST THAT MY PAYROLL WARRANTS BE ELECTRONICALLY TRANSFERRED TO MY FINANCIAL INSTITUTION(S) AS NOTED BELOW:

You may elect to transfer funds to one, two, or three different accounts. Please indicate the amount(s) and account(s) as applicable:

1. ❑ Total Net Pay or ❑ $_____
   Financial Institution:_____
   ❑ Checking Account #_____ (attach a voided check)
   ❑ Savings Account #_____ (attach a copy of portion of bank statement displaying the account number)

2. ❑ Remaining Balance or ❑ $_____
   Financial Institution:_____
   ❑ Checking Account #_____ (attach a voided check)
   ❑ Savings Account #_____ (attach a copy of portion of bank statement displaying the account number)

3. ❑ Remaining Balance
   Financial Institution:_____
   ❑ Checking Account # _____ (attach a voided check)
   ❑ Savings Account # _____ (attach a copy of portion of bank statement displaying the account number)

SEND MY PAYSTUB TO: _____, _____
CAMPUS DEPARTMENT

I, _____, shall hold harmless and indemnify the Riverside Community College District, hereinafter referred to as District, and its officers and employees from any claim or demand of whatever nature including those based upon negligence of the District and its officers and employees, brought by any person, including any financial institution(s), against the District in its capacity as an employer concerning the Payroll Warrant Distribution provided by the District.

I hereby authorize the District to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above. I also authorize the financial institution(s) identified above to credit and/or debit the same to such account. Electronic fund transfer takes effect one month after a successful prenote test has occurred through the banking system. The request completed above is for the distribution of my payroll warrant(s) until rescinded in writing.

DATE:_____ SIGNATURE:_____

IMPORTANT NOTICE: Your paycheck will **NOT** be deposited directly into your bank account until approximately one month after Payroll receives your Direct Deposit Authorization Form. Therefore, you may be required to pick up one or two checks at the campus of your choice while your request for Direct Deposit is processed.