



Direct Deposit – Authorization Agreement

Begin Deposits  Change Deposits  Cancel Deposits

Employee Name: \_\_\_\_\_

Site: \_\_\_\_\_

Checking  Savings Work Phone: \_\_\_\_\_ Bank Phone No. \_\_\_\_\_

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

ATTACH VOIDED CHECK OR COPY HERE

I hereby authorize the Oak Park Unified School District and/or its agents to initiate electronic deposits and, as necessary, debit corrections to previous deposits, to the above account.

**I understand:**

- Automatic deposit status *is* not activated until the month following a \$00.00 test transaction.
- I must submit a new authorization form if I change my account (Name, branch, etc.).
- Automatic deposit status will be temporarily suspended if wages are garnished.

I agree to hold harmless and indemnify OPUSD, and its officers and employees, from any claim or demand of any nature, for failure or delay in making deposits and/or correction to deposits as herein authorized.

I agree to pay all fees incurred because of failure on my part to notify the payroll department of any changes in my account information that would result in a return of my deposit.

This authorization replaces any previous authorizations and is to remain in effect until changed or cancelled by submission of a new Direct Deposit Authorization Form.

Last 4 digits of Employee’s Social Security No. : \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY PAYROLL DEPARTMENT**

Routing Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Date Entered: \_\_\_\_\_