

**GROSSMONT-CUYAMACA COMMUNITY COLLEGE DISTRICT
DIRECT DEPOSIT AUTHORIZATION**

PRINT or TYPE

NAME _____ **SOCIAL SECURITY NUMBER** _____

WORK SITE _____ **PHONE EXT./VOICE MAIL #** _____

I hereby authorize the above named District and/or their agents, to initiate electronic deposits via the Automated Clearing House (ACH) and, as necessary, debit corrections to previous deposits, to the following account(s).

I understand:

- I must submit a new authorization form if I close/change my account (name, branch, etc.); failure to do so may result in a deposit delay.
- Direct deposit status may be temporarily suspended if wages are garnished.
- It is my responsibility to keep apprised of any deposit(s) made to my account(s) including dates and amounts of any such deposit(s).
- This document must be received in Payroll no later than the 10th of the month in which it will be effective.

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

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.

Signature _____ **Date** _____

DEPOSIT INSTRUCTIONS: New ACH Set Up ACH Amount Change ACH Cancellation

Name of Financial Institution _____

Address of Financial Institution _____

Financial Institution Transit Routing No _____

(Check with financial institution to confirm Transit Routing Number and Account Number for accuracy.)

CHECKING: NET CHECK **OR** \$ _____
ACCOUNT NUMBER:
_____ (ATTACH VOIDED BLANK CHECK)

SAVINGS: NET CHECK **OR** \$ _____
ACCOUNT NUMBER:

SIGNED ORIGINAL – RETURN TO PAYROLL OFFICE