



Ventura County Community College District

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

In our agreement with the Ventura County Community College District, the following groups are eligible to participate in direct deposit: full-time and non-contract academic, classified and management employees.

The following pay categories are not eligible to participate in direct deposit: students, anyone paid on a manual or supplemental payroll.

EMPLOYEE NAME: _____
(Print name as it appears on your social security card)

ID NUMBER: _____
(Must have)

DEPARTMENT: _____ LOCATION: _____
MC / VC / OC / DSC

WORK PHONE: _____ POSITION: _____

Check Only One

- Begin Deposit Change Information Cancel Deposit

Check Only One

- Checking Account** **Savings Account**

Name of Bank: _____

Bank Routing number (9 digits) ____ _ ____ _ ____ _ ____ _ ____ _

Account Number: _____

Attach VOIDED Check or Copy Here; DO Not Attach a Deposit Slip

(The numbers on the bottom of the check are used by the payroll department to make the electronic funds transfer of your monthly pay directly to your account)

PLEASE READ AND SIGN THE REVERSE SIDE OF THE AUTHORIZATION AGREEMENT
(An incomplete form will be returned to the employee and may cause a delay in starting the direct deposit process.)

I authorize the VENTURA COUNTY COMMUNITY COLLEGE DISTRICT to initiate credits (and/or corrections to previous credits) to the financial institution designated above. If the full amount of the direct deposit cannot be reversed and an overpayment has occurred, I authorize the District to deduct the amount of overpayment from the subsequent months pay.

This authorization will remain in effect until I give written notice to the VENTURA COUNTY COMMUNITY COLLEGE DISTRICT either to change or terminate this authorization.

NOTE: Any changes will necessitate a pre-note, actual direct deposit will occur the following month.

I understand the following:

- ✓ Automatic deposit status is not activated until the month following a successful \$0 test transaction
- ✓ I Must submit a new authorization form if I change my financial institution or account #

I agree to hold harmless and indemnify VCCCD, and its officers and employees, from any claim or demand of whatever nature, including those based upon negligence of VCCCD and its officers and employees, for failure or delay in making deposits and/or corrections to deposits authorized by the Direct Deposit Authorization Agreement

I agree to pay all fees incurred because of failure on my part to notify the district of any changes in my account information that would result in a return of my deposit or posting to an incorrect account.

(EMPLOYEE SIGNATURE)

(DATE)

To be completed by the: DISTRICT PAYROLL DEPARTMENT

Input Date: _____

Output Date: _____

Comments: _____

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