



COACHELLA VALLEY UNIFIED SCHOOL DISTRICT
PAYROLL DIRECT DEPOSIT (PDD) - AUTHORIZATION FORM

I AM:

Certificated

Classified

NAME: Social Security #: I AM: [] []

Effective: I'm requesting the following ACTION(Please Initial all that apply):

[] START (New Direct Deposit)

[] ADD New Additional Account(s) (SPLIT Direct Deposit)

[] CANCEL (Current DD Account)

[] Change Amount on SPLIT Account

Acct Name/Last 4 Digits AND

FROM: TO:

[] CHANGE (REPLACE with NEW Account)

You may elect to transfer funds into 1, 2, 3, up to 4 different accounts. (Please note that any changes, additions and/or cancelations might not take effect current payroll).

I hereby request to have the net pay and/or a set \$ of my payroll warrant transferred(Direct deposit) to my Financial Institution(s) as specified below: (For any New Acct.; a voided check for each account or a copy of a financial statement displaying the routing and account number must be provided).

ONE ACCOUNT ONLY

Type of Account: [] Checking [] Savings

Financial Institution

Routing Number

Routing number grid

TOTAL NET PAY

DEPOSIT ACCOUNT NUMBER

Deposit account number grid

ADDITIONAL ACCOUNT

Type of Account: [] Checking [] Savings

Financial Institution

Routing Number

Routing number grid

REMAINING BALANCE

DEPOSIT ACCOUNT NUMBER

Deposit account number grid

\$ AMOUNT SPECIFIED

ADDITIONAL ACCOUNT

Type of Account: [] Checking [] Savings

Financial Institution

Routing Number

Routing number grid

REMAINING BALANCE

DEPOSIT ACCOUNT NUMBER

Deposit account number grid

\$ AMOUNT SPECIFIED

I, shall hold harmless and indemnify the Coachella Valley Unified School District, hereinafter referred to as the "District" and it's officials and employees from any claim or demand of whatever nature including those based upon negligence of the District and its officials and employees, brought by any person, including 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(s) indicated above. I also authorize the financial institution(s) identified above to credit and/or debit the same to such account(s). I understand that electronic transfer of funds might take effect one month following my request after a successful pre-notification test has occurred through the banking system.

I understand that the request completed above is for the distribution of my payroll warrants from the effective date specified until rescinded in writing.

Signature:

Date:

FOR PAYROLL USE ONLY EMP NO: DATE: [] CANCEL [] NEW [] CHANGE [] ADD BY: