

COACHELLA VALLEY UNIFIED SCHOOL DISTRICT
PAYROLL DIRECT DEPOSIT (PDD)
 Authorization Form

ACTION	
<input type="checkbox"/>	Start
<input type="checkbox"/>	Change

Name: _____

Social Security No: - -

Certificated
 Classified

I hereby request to have the net pay of my payroll warrant electronically transferred (direct deposit) to my financial instruction(s) as specified below. I have attached a voided check for each account and/or a copy of a financial statement displaying the account number of each savings account. You may elect to transfer funds into one, two or three different accounts. Please indicate the amounts as follows:

1. The amount to be transferred is: _____ Total Net Pay or \$ _____

Name of financial institution: _____

TYPE OF ACCOUNT: CHECKING SAVINGS

DEPOSITOR ACCOUNT NUMBER:

Office Use ROUTING NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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2. The second amount to be transferred is: _____ Remaining Balance OR \$ _____

Name of financial institution: _____

TYPE OF ACCOUNT: CHECKING SAVINGS

DEPOSITOR ACCOUNT NUMBER:

Office Use ROUTING NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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3. The remaining balance is to be transferred to:

Name of financial institution: _____

TYPE OF ACCOUNT: CHECKING SAVINGS

DEPOSITOR ACCOUNT NUMBER:

Office Use ROUTING NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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I, _____, shall hold harmless and indemnify the Coachella Valley Unified School District, hereinafter referred to as the "District," and its 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 takes effect one month following my request after a successful prenotification 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.

Date: _____ Signature: _____

Return to: Coachella Valley Unified School District
 P.O. Box 847
 Thermal, CA 92274
 Attn: Payroll Department

FOR PAYROLL USE ONLY BY: _____	DATE: _____
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