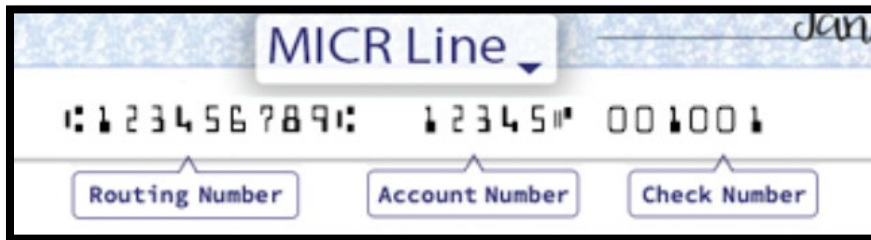




Employee Direct Deposit Enrollment Form

Employee Name: _____ Employee ID: _____

To enroll in Direct Deposit, complete the following and submit to the Payroll Office at the District Office. Provide your Routing and Account information as noted on your personal checks for each checking account. Do not use the information from your deposit slips. If depositing to a savings account, ask your bank for the Routing/Transit Number for your account. It is not always the same as the number on a savings deposit slip. This will help ensure that your paycheck is deposited into the correct account. Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



You may have up to five (5) active accounts at any time. Use a separate enrollment form to report additional accounts. Be sure to indicate what kind of account, along with the amount to be deposited if less than your total net paycheck.

Effective date of changes noted above (mm/dd/yyyy): _____

Account 1

____ Add Account ____ Remove Account ____ Change Amount of Current Account
____ Account Type ____ Checking ____ Savings
Bank Name _____
____ Amount to Deposit ____ or ____ Balance of Net
Routing/Transfer # Account #

Account 2

____ Add Account ____ Remove Account ____ Change Amount of Current Account
____ Account Type ____ Checking ____ Savings
Bank Name _____
____ Amount to Deposit ____ or ____ Balance of Net
Routing/Transfer # Account #

Account 3

____ Add Account ____ Remove Account ____ Change Amount of Current Account
____ Account Type ____ Checking ____ Savings
Bank Name _____
____ Amount to Deposit ____ or ____ Balance of Net
Routing/Transfer # Account #

____ I wish to terminate my enrollment in Direct Deposit. I understand that all future payroll payments to me will be in the form of a live check until I choose to enroll again in Direct Deposit.



Note: All new accounts must go through a pre-note process and may take up to four (4) weeks to go into effect. I hereby authorize the San Diego Community College District to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by the San Diego Community College District to my accounts. In the event that the San Diego Community College District deposits funds erroneously into my account, I authorize the San Diego Community College District to debit my account for an amount not to exceed the original amount of the erroneous credit account. This authorization is to remain in full force and effect until the San Diego Community College District and Bank have received written notice from me of its termination in such time and in such manner as to afford the San Diego Community College District and Bank reasonable opportunity to act on it.

Employee Signature: _____ Date: _____

For Payroll Office Use Only

Date Received: _____ Processed by: _____ Date: _____