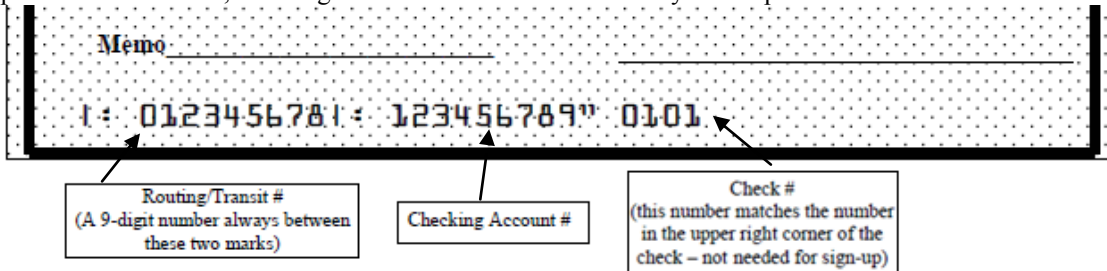# San Diego Community College District
Employee Direct Deposit Enrollment Form

Employee Name: _____ Colleague ID #: _____

Please Print

To enroll in Direct Deposit, fill out this form and submit to the Payroll Department in 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 to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.

Memo _____

⑈: 0123456781⑈: 123456789" 0101

Routing/Transit #
(A 9-digit number always between these two marks)

Checking Account #

Check #
(this number matches the number in the upper right corner of the check – not needed for sign-up)

You may have up to five active accounts at any time. Use a separate enrollment form to report additional accounts.

Account Information Make sure to indicate what kind of account, along with the amount to be deposited if less than your total net paycheck.

ACCT 1	Add New Account	Change Amount of Current Account on File	Remove Account on File
	Bank Name		Account Type
			Checking Savings
	Routing/Transfer #	Account #	Amount to Deposit
			$ or Balance of Net

ACCT 2	Add New Account	Change Amount of Current Account on File	Remove Account on File
	Bank Name		Account Type
			Checking Savings
	Routing/Transfer #	Account #	Amount to Deposit
			$ or Balance of Net

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.

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

Note: All new accounts must go through a pre-note process and may take up to 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: _____

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For Payroll Department Use Only

Date Received: _____ Processed by:_____ Date: _____