

Contra Costa Community College District

DIRECT DEPOSIT AUTHORIZATION

New
 Change
 Cancel
 Bank Merge

<i>Name</i>	<i>SS or ID #</i>
<i>Home Phone:</i>	<i>Work Phone:</i> <i>Campus</i> ___ CCC ___ DVC ___ LMC ___ District
<i>Name of Bank, Credit Union or Institution</i>	<i>Branch and Location</i>
<i>Address of Bank</i>	<i>Bank Phone Number</i>
<i>Routing Number</i>	<i>Bank Account Number</i> ___ Checking ___ Savings

I hereby authorize the above named Contra Costa Community College District (CCCCD) and their agents, to initiate electronic deposits and as necessary, debit corrections to previous deposits, to the above account.

I understand,

- * Direct Deposit is not activated for 31 days following a Prenote, verified by Wells Fargo Bank for New or Change authorization.
- * I must submit a new authorization form if I change my account (name, branch, type of account, etc.)
- * Direct Deposit status may be suspended or rescinded by the CCCCCD and payment made by warrant, if necessary to meet payroll deadlines or under other extreme conditions.

I agree to hold harmless and indemnify the CCCCCD and their officers and employees from any claim or demand of whatever nature of failure or delay in making deposits and or corrections to deposits as herein authorized.

This authorization replaces any previously made by me and is to remain in effect until changed or cancelled by submission of a new Direct Deposit Authorization form.

Signature: _____ Date: _____

ATTACH VOIDED CHECK HERE

District Payroll Use Only

Processed by: _____ Date: _____