

## **DIRECT DEPOSIT**

District Office Payroll provides direct deposit to all District employees upon request. The employee's net pay (pay after taxes and other deductions) is deposited directly into a financial institution of the employee's choosing by electronic fund transfer. The employee will still receive an earnings statement to track what has been paid to them.

Employees may request direct deposit by completing the Direct Deposit Authorization form (Exhibit A) and forwarding the completed form to District Office Payroll for processing. Processing of the direct deposit takes one pay period to begin.

**Contra Costa Community College District**  
DIRECT DEPOSIT AUTHORIZATION

☐ New ☐ Change ☐ Cancel ☐ Bank Merge

Name	SS or ID #
Home Phone:	Work Phone: Campus <input type="checkbox"/> CCC <input type="checkbox"/> DVC <input type="checkbox"/> LMC <input type="checkbox"/> District
Name of Bank, Credit Union or Institution	Branch and Location
Address of Bank	Bank Phone Number
Routing Number	Bank Account Number <input type="checkbox"/> Checking <input type="checkbox"/> 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- \* Direct Deposit status may be suspended or rescinded by the CCCCCD and payment made by warrant, if necessary to meet payroll deadlines or under other extreme conditions.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: \_\_\_\_\_