



OXNARD SCHOOL DISTRICT

1051 SOUTH "A" STREET • OXNARD, CALIFORNIA 93030 • 805/487-3918

Direct Deposit Authorization Agreement

Please check one:

<input type="checkbox"/> Begin Deposits	<input type="checkbox"/> Change Information	<input type="checkbox"/> Cancel Deposits
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Employee Name: _____ SSN: _____

I hereby authorize the Ventura County Superintendent of Schools Office (VCSS), and/or their agents, to initiate deposits and as necessary, debit corrections to previous deposits, to the accounts below:

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

1 Bank Name: _____ (Please attach a voided check)

Checking Savings I wish to deposit: \$ _____ or Entire Net Amt.

Payroll Use Only:

Routing #

Account #

2 Bank Name: _____ (Please attach a voided check)

Checking Savings I wish to deposit: \$ _____ or Entire Net Amt.

Payroll Use Only:

Routing #

Account #

3 Bank Name: _____ (Please attach a voided check)

Checking Savings I wish to deposit: \$ _____ or Entire Net Amt.

Payroll Use Only:

Routing #

Account #

I understand:

- Automatic deposit status is not activated until the month following a \$0 test transaction.
\$0 Test Transaction Month: _____ Direct Deposit will begin: _____
- I must submit a new authorization form if my account number is ever changed or closed.

I agree to hold harmless and indemnify VCSS and its officers and employees from any claim or demand of whatever nature, including those based upon negligence of VCSS and its officers and employees, for failure or delay in making deposits and/or corrections to deposits herein authorized.

I agree to pay all fees incurred because of failure on my part to notify of any changes in my account information that would result in a return of my deposit

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

Employee's Signature

Date