

PAYROLL DIRECT DEPOSIT Authorization Form

☐ **New** Employee No. _____
☐ **Change**
☐ **Cancellation** Name: _____

PAYROLL USE ONLY	
Changes entered:	
Completed by:	

I HEREBY REQUEST THAT MY PAYROLL WARRANTS BE ELECTRONICALLY TRANSFERRED TO MY FINANCIAL INSTITUTION(S) AS NOTED BELOW (your name must be on the account):

You may elect to transfer funds to one, two, or three different accounts. Please indicate the amount(s) and account(s) as applicable:

1. Total Net Pay or \$ _____
 Financial Institution: _____
 Checking Account # _____
 Savings Account # _____
 (attach a voided check or a direct deposit form from your bank showing account & routing number)

2. Remaining Balance or \$ _____
 Financial Institution: _____
 Checking Account # _____
 Savings Account # _____
 (attach a voided check or a direct deposit form from your bank showing account & routing number)

3. Remaining Balance
 Financial Institution: _____
 Checking Account # _____
 Savings Account # _____
 (attach a voided check or a direct deposit form from your bank showing account & routing number)

SEND MY PAYSTUB TO:

_____, _____
 LOCATION DEPARTMENT

I, _____, shall hold harmless and indemnify the Riverside Community College District, hereinafter referred to as District, and its officers and employees from any claim or demand of whatever nature including those based upon negligence of the District and its officers and employees, brought by any person, including any financial institution(s), against the District in its capacity as an employer concerning the Payroll Warrant Distribution provided by the District.

I hereby authorize the District to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above. I also authorize the financial institution(s) identified above to credit and/or debit the same to such account.

The request completed above is for the distribution of my payroll warrant(s) until rescinded in writing.

DATE: _____ SIGNATURE: _____