

**MIRACOSTA COMMUNITY COLLEGE DISTRICT
DIRECT DEPOSIT AUTHORIZATION**

PRINT or TYPE

NAME: _____ SOCIAL SECURITY NO. _____

I hereby authorize the above named District and the San Diego County Office of Education (SDCOE) and/or their agents, to initiate electronic deposits via the Automated Clearing House (ACH) and, as necessary, debit corrections to previous deposits, to the following account(s).

I understand:

- Direct deposit status is not activated until my regular payroll cycle following a \$0 test transaction (approx. 30 days).
- I must submit a new authorization form if I close/change my account (name, branch, etc.); failure to do so may result in a deposit delay.
- Direct deposit status will be temporarily suspended if wages are garnished.
- It is my responsibility to keep apprised of any deposit(s) made to my account(s) including dates and amounts of any such deposit(s).
- I must access and print my paystub via the online paystub system located at:
<http://www.miracosta.edu/administrative/payroll/index.html> and select the "MY PAYSTUB" link.

I agree to hold harmless and indemnify the District and the SDCOE and their officers, employees and agents from any claim or demand of whatever nature, including those based upon negligence of the District and SDCOE and their officers, employees, and agents for 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 canceled by submission of a new Direct Deposit Authorization form.

Signature: _____ Date: _____

**IF DEPOSITING TO A CHECKING/SHARE DRAFT ACCOUNT, ATTACH A VOIDED CHECK TO THIS FORM.
IF DEPOSITING TO A SAVINGS ACCOUNT, FINANCIAL INSTITUTION PROVIDES TRANSIT ROUTING NUMBER.**

DEPOSIT INSTRUCTIONS: New ACH Set Up (Prenote Needed) ACH Amount Change (No Prenote Needed) ACH Cancellation Acct# _____

Name of Financial Institution: _____

Financial Institution Transit Routing No.

Checking

Net Check, or
 \$ _____

Checking Account Number

Savings

Net Check, or
 \$ _____

Savings Account Number

If Required:
**ATTACH VOIDED
BLANK CHECK HERE**

Jane A. Doe
1000 Main St.
Anywhere, U.S.A. 10001

_____ 19 _____

PAY TO THE ORDER OF _____ \$

DOLLARS

MEMO _____

⑆ 1 2 1 1 4 1 8 2 2 ⑆ 7 3 1 3 1 0 1 0 0 4 ⑆ 1 2 3 4

 Transit Routing No. Account No. Check No.