Employee Direct Deposit Authorization

I hereby authorize Lakeport Unified School District and the financial institution shown on the check below, to deposit my net paycheck into my account. I shall hold harmless and indemnify the Lakeport Unified School District, herein after referred to as Superintendent, and its officers and employees from any claim or demand of whatever nature including those based upon negligence of the Superintendent and its officers and employees, brought by any person, including any banking institution against the Superintendent in his capacity concerning the Payroll Warrant disposition provided by the Superintendent.

I understand it is my responsibility to ensure that my net check has been properly credited to my account before issuing checks against that account. If funds to which I am not entitled are deposited, I hereby authorize the Lakeport Unified School District either to direct the financial institution to credit and /or correct the amounts to my account. Electronic fund transfer takes effect one month following the request after a successful prenote test has occurred through the banking system. This agreement must be signed by the 10th of the month in order to be effective for the following month's payroll (i.e. – March 10th for April payroll).

_____	_____	_____
Employee Name	Employee Signature	Date

_____	_____	_____
Superintendent's or Designee's Signature	Date	Effective Payroll Date

☐ **Add Account(s)**

Bank Routing Number:_____ Account Number:_____

Account Type: ☐ Checking ☐ Savings

Deposit Amount: ☐ Entire check ☐ Percentage _____% ☐ Flat amount per check $_____

☐ **Add Account(s)**

Bank Routing Number:_____ Account Number:_____

Account Type: ☐ Checking ☐ Savings

Deposit Amount: ☐ Entire check ☐ Percentage _____% ☐ Flat amount per check $_____

☐ **Change Account**

Change **From** Bank:_____ From Account Number:_____

To Bank:_____ Bank Routing Number:_____

Account Number:_____ Account Type: ☐ Checking ☐ Savings

Deposit Amount: ☐ Entire check ☐ Percentage _____% ☐ Flat amount per check $_____

Attach a voided preprinted check or bank direct deposit form here when adding or changing accounts (deposit slips are not acceptable)

☐ **Cancel Account**

Account Name:_____ Account Number:_____

Additions, changes and cancellations will take effect one pay period after receipt of this request