



Payroll Direct Deposit Authorization Agreement

P. O. Box 8106, San Luis Obispo, CA 93406
San Luis Obispo County Community College District No. 22

Employee Name: _____ Social Security No. _____

Account Type – Select One: Checking Savings

I hereby authorize my employing district through San Luis Obispo County Community College and the financial institution shown on the check below, to deposit my net pay into my account. I shall hold harmless and indemnify the San Luis Obispo County Community College, herein after referred to as Cuesta College, and its officers and employees from any claim or demand of whatever nature including those based upon negligence of Superintendent and its officers and employees, brought by any person, including any banking institution against the College in his/her capacity concerning the Payroll Warrant disposition provided by the Superintendent.

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

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 Cuesta College either to direct the financial institutions to return such funds or to request a "stop payment" of the Auto Deposit and to issue a warrant for the correct amount. Electronic fund transfer takes effect on the next payroll following request. This completed request is for the disposition of pay warrant from the effective date specified until I have signed the cancellation section below.

Date

Employee Signature

DEPOSITS TO CHECKING ACCOUNTS
Attach a Voided Preprinted Check – Deposit Slips are NOT acceptable

DEPOSITS TO SAVINGS ACCOUNTS
Attach a Preprinted Form from Your Bank

**THIS FORM MUST BE TURNED IN TO THE PAYROLL OFFICE –
ELECTRONIC DELIVERY IS NOT ACCEPTABLE**

Cancellation

Do NOT complete this portion unless you are Canceling your Direct Deposit

I hereby request that Cuesta College discontinue direct deposits to the account number above, effective the next pay period after receipt of the request.

Date

Employee Signature