

DIRECT DEPOSIT AUTHORIZATION

Complete the required information below to enroll, change, or cancel your current direct deposit at Santa Barbara City College. Insert the dollar (\$) or percent (%) amount to be deposited. The following documents must be attached to this form:

- For checking accounts, please attach a voided check
- For savings accounts, please attach a deposit format letter from your financial institution

I. Employee Information - (Please print legibly)	
Last Name <input style="width: 95%;" type="text"/>	K Number <input style="width: 95%;" type="text"/>
First Name <input style="width: 95%;" type="text"/>	Phone Number <input style="width: 95%;" type="text"/>
II. Direct Deposit Information (You have the option to deposit your check into more than one account)	
Circle one:	
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	
1st Account:	Bank/Credit Union Name <input style="width: 95%;" type="text"/>
Type of Account	Routing # <input style="width: 95%;" type="text"/>
<input type="checkbox"/> Checking	Account # <input style="width: 95%;" type="text"/>
<input type="checkbox"/> Savings	\$ of Net Pay or % of Net Pay
	<input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> or All of Net Pay <input type="checkbox"/>
Remainder Account: (If you did not deposit your entire payroll amount into the account specified above, the remainder will be deposited into this account.)	
Type of Account	Bank/Credit Union Name Routing # <input style="width: 95%;" type="text"/>
<input type="checkbox"/> Checking	Account # <input style="width: 95%;" type="text"/>
<input type="checkbox"/> Savings	
III. Authorization	
<ol style="list-style-type: none"> 1. By signing this agreement, I authorize Santa Barbara City College to automatically deposit my net pay into my account(s) each payday. The college reserves the right to recall or adjust any deposits improperly created and deposited to my account. I understand my direct deposit service may be suspended or rescinded by the College at any time. 2. It is my responsibility to notify the payroll dept. of any account closures. If the direct deposit is not stopped before closing an account, I agree to wait until the funds are returned to the College to receive my funds. This could take several days and will delay my payment. 3. I understand I may revoke my direct deposit authorization at any time by providing written notification to the Payroll Department. 4. It is my responsibility to ensure that my net pay is properly credited to my account before issuing any debits against my account. I will hold the College harmless for any liability to pay charges for insufficient fund transactions that result from failure within the Automated Clearing House Network to correctly and timely deposit monies into my account. 5. I agree to hold harmless and indemnify Santa Barbara City College, and their employees, from any claim or demand of whatever nature, including those based upon negligence, brought by any person, including any financial institution for failure or delay in making deposits and/or corrections to deposits as herein authorized. This authorization replaces any previously made by me and remains in effect until I cancel or submit a new authorization. 	
Signature: _____ Date: _____	