DIRECT DEPOSIT AUTHORIZATION

☐ **New** ☐ **Change** ☐ **Cancel**

Name: _____ **Employee ID:** _____ **Site Ext.:** _____

Attached is a void check showing the institution routing # and account number of the following account:

_____ _____ _____

Name of Banking Institution **Branch** **Account Number**

_____ ☐ **Checking** ☐ **Savings**

Address

I hereby authorize the Long Beach Unified School District and the Los Angeles County Office of Education and their agents, to initiate electronic deposit, and, as necessary debit corrections to previous deposits, to the listed account. Direct deposit is not activated until 20 days following a $0 test transaction. A new authorization form must be submitted if I change my account (institution, branch, name, etc.). It will take 20 days to be re-activated in direct deposit following any change. Automatic deposit status may be temporarily suspended if wages are garnished. This authorization replaces any previously made by me and is to remain in effect until changed or cancelled by submission of a new Authorization form or upon termination of employment.

Signature: _____ **Date:** _____

DISTRICT USE ONLY

Financial Routing Number	Account Number	C/S

Input by: _____ **Date:** _____

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