

Long Beach City College

Direct Deposit Authorization Form

Certified
 Classified
 New/Change
 Cancel

Compete, Print, Sign and return to Payroll Department

Last, First, Middle Initial	Employee ID#
Campus Location <input type="checkbox"/> LAC <input type="checkbox"/> PCC	Employee Work/Home Telephone
Name of Bank, Credit Union or Savings & Loan	Branch
Bank, Credit Union or Savings & Loan Address	Bank, Credit Union or Savings & Loan Telephone

DEPOSIT INTO:

Checking Account (23)

Savings (33)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Number – Attach Voided Blank Check

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Number – Attach Deposit Slip

--	--	--	--	--	--	--	--	--	--	--

Bank Transit Number – *Have financial institution complete*

I hereby authorize LONG BEACH CITY COLLEGE to initiate deposits and /or corrections to the financial institution indicated above.

I understand:

- Direct deposit status is not activated until 30 days following a \$0 test transaction for a new or change authorization. I may still receive a “hard copy” check during this period
- I must submit a new authorization form if I change/close my account (name, institution, branch, account type, etc.)
- If I leave LBCC employment and later return, I must file a new authorization form
- Direct Deposit status may be suspended by the District and payment made by check, if necessary, to meet payroll deadlines or under extreme conditions

I agree to hold harmless and indemnify the District and their officers, employees and agents from every claim or demand of whatever nature, including those based upon negligence of the District 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 cancel by my submission of a new District Direct Deposit Form.

Employee Signature: _____

Date: _____

Attach Voided Blank Check Here

Jane Doe 1000 Main St. Anywhere, U.S.A. 10001	_____ , 20 _____
PAY TO THE ORDER OF _____	\$ _____
MEMO _____	_____ DOLLARS
: 256000649 : 0302 0032178 : 0611	

TRANSIT NO. ACCOUNT NO. CHECK NO.