



SADDLEBACK VALLEY UNIFIED SCHOOL DISTRICT

DIRECT DEPOSIT AUTHORIZATION

MUST BRING COMPLETED FORM TO THE SVUSD PAYROLL DEPARTMENT WITH A PICTURE ID AND EITHER A VOIDED CHECK OR BANK FORM ATTACHED

NEW

CHANGE

CANCEL

NAME (FIRST, MIDDLE, LAST)	EMPLOYEE ID OR SOCIAL SECURITY NO
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CHECKING

SAVINGS

PAY CARD

BANK ROUTING/TRANSIT NUMBER

BANK ACCOUNT NUMBER

I hereby authorize the Saddleback Valley Unified School District (SVUSD) and the Orange County Department of Education (OCDE) and/or their agents, to initiate electronic deposits and, as necessary, debit corrections to previous deposits, to the above account.

I understand: I must submit a new Direct Deposit Authorization if I or my financial institution change my routing/transit number and/or account number, I must enroll in OCDE's Employee Information System (EIS) at <https://my.ocdeapps.us> to locate pay stubs, automatic deposit status may be temporarily suspended if wages are garnished or credential is held by OCDE, automatic deposit status may be terminated at the time of a leave of absence or termination and a new Direct Deposit Authorization should be submitted when returning to active status.

I agree to hold harmless and indemnify the governing board, SVUSD, their officers and employees, and the Superintendent of Schools of the County of Orange and their employees, from every claim and demand, of whatever nature, including those based upon negligence of the governing board, SVUSD, their officers and employees, and the Superintendent of Schools of the County of Orange and their employees, for failure or delay in making deposits and/or corrections to deposits as herein authorized.

This Direct Deposit Authorization replaces any previous Direct Deposit Authorization made by me and will remain in effect until changed or canceled by the submission of a new Direct Deposit Authorization.

SIGNATURE: _____

DATE: _____