

PAYMENT OPTION AUTHORIZATION FORM

Employee Name: _____ CERTIFICATED ☐ NEW or CHANGE ☐

Employee ID: _____ CLASSIFIED ☐ CANCEL ☐

Payroll Payment Option (Place an "X" mark in the box for the payment option selected. Complete the required information)

If a Payment Option Authorization Form is not received, you will be transitioned to the default payment option of Payroll Card

☐ **DIRECT DEPOSIT** (Complete the banking information and attach an account verification form or voided check to this form)

Checking Account ☐

Savings Account ☐

Bank Name: _____

Routing Number: _____

Account Number: _____

☐ **PAYROLL CARD** (Your Payroll Card and account information will be mailed to your home address by SchoolsFirst FCU)

☐ **PAPER CHECK**

Payment Option Authorization Forms requesting hardcopy checks are valid for one fiscal year and expire each year on June 30th. A new form must be submitted by the last working day of June each year in order to continue receiving hardcopy checks. Hard copy checks will be mailed to your primary work site on pay day. Substitute employee pay checks will be held at the district office and can be picked up on pay day.

I hereby authorize the above named District and the Orange County Department of Education and/or their agents to initiate electronic deposits and, as necessary, debit corrections to previous deposits to the above account. I understand that I must submit a new authorization form if I change my account (bank, account number, branch, etc.). I agree to hold harmless and indemnify the governing board, the School District, 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, the District, 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.

I understand:

- *I must submit a new authorization form if I change my account (name, branch, etc.);*

This authorization replaces any previously made by me and will remain in effect until changed or canceled by my submission of a new Payment Option Authorization Form or the expiration of my payment option.

EMPLOYEE SIGNATURE

DATE