

Direct Deposit

<i>Please print</i> Name (Last, First, Middle Initial)		Effective Date
Department Telephone Number	Social Security Number	

Please note: Form **MUST** be received fifteen (15) days prior to Pay Date. Once processed, direct deposits will be immediately posted to your account. If modifying an existing agreement, please **IMMEDIATELY** notify the District Payroll Office if you have **CLOSED** your account at your financial bank/institution to avoid processing delays.

Instructions: The following instructions refer to the corresponding sections below, numbered one through four of the direct deposit agreement. If terminating the existing agreement, only complete sections one through three below.

1. Check the appropriate box to indicate checking or savings account and if terminating the account.
2. Complete the bank or financial institution name, routing number, account number, address, city, state, and zip code.
3. Date and sign the agreement.
4. **YOU MUST** attach a current voided check or bank/institution confirmation form below, or this request cannot be processed.
5. Only one direct deposit agreement and account can be active at any time.

Authorization Agreement For Automatic Direct Deposits

I hereby authorize the West Kern Community College District to initiate credits and/or debits at the bank/institution indicated below and authorize bank/institution to credit and/or debit the amounts thereof to my account indicated below and remain active until notified by me (the employee) in writing and/or at the discretion of the West Kern Community College District.

1	Please Check Appropriate Box <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Terminate		
2	Name of Bank/Institution	Address	
	Routing Number	City	
	Account Number	State	Zip Code
	Comments:		

1	Please Check Appropriate Box <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Terminate		
2	Name of Bank/Institution	Address	
	Routing Number	City	
	Account Number	State	Zip Code
	Comments:		

3	Employee's Signature	Date
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4	<i>Staple voided check or Bank/Institution confirmation form with pre-printed transit/routing number and account number to this request.</i>
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To Bank: As provided above, your depositor has authorized the West Kern Community College District (WKCCD) to initiate credits/debits to your bank/institution and the designated bank/institution to credit/debit his/her account as specified. So that you may comply with this authorization, WKCCD agrees that these arrangements shall be subject to the current Automated Clearing House rules. WKCCD recognizes the status of the participating bank/institution.