Long Beach City College Direct Deposit Authorization Form

Certificated Classified	New/Change Cancel
Compete, Print, Sign and return to Payroll Department	
Last, First, Middle Initial	Employee ID# or SSN
Campus Location LAC 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:

Check Here	Check	Blank	Voided	Attach

Jane Doe 1000 Main St. Anywhere, U.S.A. 10	001			 _ , 20
PAY TO THE ORDER OF				\$
				- DOLLARS
МЕМО				
: 256000649 :	0302	0032178:	0611	
TRANSIT NO.	ACCO	UNT NO.	CHECK NO.	