

PAYROLL START DATE: _____

SITE: _____

**VICTOR VALLEY UNION HIGH SCHOOL DISTRICT
PAYROLL WARRANT DISPOSITION
REQUISITION/AUTHORIZATION FORM**

NAME: _____ SOC. SEC.#: _____
(Please print)

POSITION: _____ Certificated _____ Contract
_____ Classified _____ Hourly/Daily

The policy of the San Bernardino County Superintendent of Schools for the disposition of payroll warrants is to mail the warrants to the employees work site unless the following option is requested in writing.

I hereby request that my pay warrant be an Electronic Fund Transfer (EFT) to my bank (attach a voided check).

Depository Credit Union/Bank: _____

Branch: _____

Address: _____

City: _____ Telephone No. _____

Bank's 9-Digit Routing Transit/ABA No.: _____

Account No.: _____ Checking or _____ Savings

I, _____, shall hold harmless and indemnify the Victor Valley Union High School District, herein referred to as District, and its officers and employees and from any claim or demand of whatever nature including those based upon negligence of the District and its officers and employees, brought by any person, including and banking institution against the District in its capacity as an employer concerning the Payroll Warrant Disposition by the District.

I hereby authorize the District to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above. I also authorize the Depository Credit Union/Bank named above, to credit and/or debit the same to such account. ***Electronic fund transfer takes effect one month following request after a successful prenote test has occurred through the banking system.*** The request completed above is for the monthly disposition of my pay warrant from the effective date specified until rescinded in writing.

Signature

Date