



Direct Deposit Application

INCLUDE A VOIDED PERSONAL CHECK FOR ACCOUNT INFORMATION VERIFICATION. DEPOSIT SLIPS ARE NOT ACCEPTED AS PROCESSING INFORMATION IS NOT ALWAYS CORRECT AND CAUSES DELAYS.

Employee ID	Campus Phone #	Alternate Phone #
Last Name	First Name	M.I.
Address (Number, Street)		
City	State	Zip Code

DIRECT DEPOSIT INFORMATION

I request that the District deposit my pay directly to my account at the financial institution indicated below.

Name of Financial Institution _____ Account type: Checking Savings

Bank Phone Number _____ Account Number _____

NEW ACCOUNT – MUST ATTACH A PERSONAL VOIDED CHECK OR LETTER FROM INSTITUTION VERIFYING PERSONAL INFORMATION

CLOSE ACCOUNT – Name of Financial Institution _____

IF YOU CHANGE OR CLOSE YOUR ACCOUNT, YOU MUST NOTIFY THE PAYROLL DEPARTMENT AS SOON AS POSSIBLE. ANY CHANGE MUST BE PRESENTED IN WRITING. FAILURE TO DO SO COULD DELAY TIMELY RECEIPT OF YOUR WAGES.

AGREEMENT

By signing below, I authorize Los Rios Community College District to initiate debit entries (adding money to my account) and, if necessary, credit entries (withdrawing money from my account) in accordance with NACHA rules for reversing credit entries made in error to my account. This Direct Deposit agreement will remain in effect until changed or withdrawn by: (a) me in writing to LRCCD Payroll, at least 12 days before payday, or (b) my death or legal incapacity, or (c) the financial institution, or (d) LRCCD.

Special Note:

Please make sure a new Direct Deposit authorization is in effect before closing a previous account used for Direct Deposit. If funds are issued to a closed account, the bank will return the funds to LRCCD. There may be a delay of approximately 10 days from date of issue before funds can be reissued.

Employee Signature	Date
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PLEASE NOTE: A statement of earnings (pay advice) will be issued to you on the pay distribution date and will be available for on-line viewing (<https://ps.losrios.edu/psp/emp/LRSELFSEV/?cmd=login>).