

Effective Date _____

1800 Solar Drive • Oxnard, California 93030 • (805) 385-2500	
DIRECT DEPOSIT – AUTHO	ORIZATION AGREEMENT
☐ Begin Deposits ☐ Change In	formation
Employee Name:	EMP ID #:
Department or Location:	Work Phone:
☐ Checking or ☐ Savings* ☐ Deposit Net C	
Voided Check, Check Copy, of The number on the bottom of your check or bank information transfer of your payroll directly to your according to the contract of	FORMATION FOR DIRECT DEPOSIT or Information From Bank (1 item only) mation are used by the payroll department to make the electronic unt. DO NOT ATTACH A DEPOSIT SLIP
I herby authorize the Ventura County Office of Education (V as necessary, debt corrections to previous deposits, to the above	
result of a merger, buy-out, etc. New forms must be s	y account (name, branch, etc.) of if such changes occur as the
I agree to hold harmless and indemnity VCOE and the Oxnar employees, from any claim or demand of whatever nature, incl its officers and employees, for failure or delay in making depo	luding those based upon negligence of VCOE or OUHSD and
I agree to pay all fees incurred because of failure on my part that would result in a return of my deposit.	to notify OUHSD of any changes in my account information
This authorization replaces any previously made by me and is of a new Direct Deposit Authorization Agreement.	to remain in effect until changed or cancelled by submission
Employee Signature	Date
DO NOT WRITE BELOW THIS LI	NE - FOR PAYROLL USE ONLY