

PAYMENT OPTION AUTHORIZATION FORM☐ New or Change☐ Cancel

District Name: _____

Employee Name: _____

(First, Middle, Last)

Employee ID or SSN: _____

Payroll Payment Option (Place a check or "X" in box provided under option and complete required information)

Direct Deposit	Complete the information below or provide a voided blank check	
<input type="checkbox"/>	Bank Name / Branch:	
	<input type="checkbox"/> Checking	Account Number:
	<input type="checkbox"/> Savings	Transit/Routing Number:

SchoolsFirst FCU Net Check	Complete the information below or attach copy of information sheet from SchoolsFirst FCU	
<input type="checkbox"/>	<input type="checkbox"/> Checking	Account Number:
	<input type="checkbox"/> Savings	Transit/Routing Number:

Payroll Card	Payroll Card account information will be mailed directly to your home address.
<input type="checkbox"/>	No information is required at this time. A Payroll Card account will be created for you automatically and account information will be mailed to your home address.

Hard Copy Check	
<input type="checkbox"/>	No information is required at this time. Payment Option Authorization Forms requesting Hard Copy Checks are valid for one fiscal year. A new Payment Option Authorization Form expires each year on June 30th, and must be submitted by the last working day of June each year in order to continue receiving Hard Copy Checks. If a new Payment Option Authorization Form is not received, you will be transitioned to the default payment option for your district (Payroll Card).

Acknowledgements for Direct Deposit, Net Check, and Payroll Card Option

- I hereby authorize the above named District and the Orange County Department of Education and/or their agents to initiate electronic deposits and, as necessary, debit corrections to previous deposits to the above account.
- I understand that I must submit a new authorization form if I change my account (bank, account number, branch, etc.)
- I agree to hold harmless and indemnify the governing board, the School District, their officers and employees, and the Superintendent of Schools of the County of Orange and their employees, from every claim and demand, of whatever nature, including those based upon negligence of the governing board, the District, their officers and employees, and the Superintendent of Schools of the County of Orange and their employees for failure or delay in making deposits and/or corrections to deposits as herein authorized.

Employee Acknowledgement and Signature

- This authorization replaces any previously made by me and will remain in effect until changed or cancelled by my submission of a new Payment Option Authorization Form or the expiration of my payment option.

Employee Signature_____
Date