



**PERRIS ELEMENTARY SCHOOL DISTRICT
PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM**

Employee Number: _____ **Legal Name:** _____ **Effective Date:** _____

****Direct Deposit Forms are due by the 15th of each month, otherwise they will be processed on the following months payroll. In the event of an emergency, submit your request and reach out to the Payroll Department****

☐ Stop Existing ☐ Start New ☐ Update Amount

1. ☐ Balance or ☐ Amount: _____

Financial Institution: _____

(A voided check or bank documentation with **routing** and **account** number(s) is required)

☐ Checking ☐ Savings Account Number: _____

☐ Stop Existing ☐ Start New ☐ Update Amount

2. ☐ Balance or ☐ Amount: _____

Financial Institution: _____

(A voided check or bank documentation with **routing** and **account** number(s) is required)

☐ Checking ☐ Savings Account Number: _____

☐ Stop Existing ☐ Start New ☐ Update Amount

3. ☐ Balance or ☐ Amount: _____

Financial Institution: _____

(A voided check or bank documentation with **routing** and **account** number(s) is required)

☐ Checking ☐ Savings Account Number: _____

I, _____ shall hold harmless and indemnify the Riverside County of Education, herein referred to as Superintendent, and its officers and employees from any claim or demand of whatever nature including those based upon negligence of the Superintendent in his capacity as an employer concerning the Payroll Warrant Distribution provided by Superintendent.

By signing this Authorization, you agree that Employer may not be held responsible if your bank does not receive or post your payroll warrant to your account or if your payroll warrant is not credited to your bank account on payday. You further agree to hold harmless Employer for any claim, liability, loss, injury, or damages arising out of your enrollment in direct deposit, including, but not limited to, claims arising out of the unauthorized access of personal and/or financial information or out of identity theft. It is your responsibility to submit current and accurate information and to promptly notify Employer of any changes to the information on this form, such as a change in your financial institution or account number. **Employee Initials:** _____

Direct Deposit Authorization: I hereby authorize Perris Elementary School 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 financial institution(s) identified above to credit and/or debit the same to such account. The request completed above is for the distribution of payroll warrant(s) from the effective date specified until rescinded in writing.

Signature: _____

Date: _____

INCOMPLETE SUBMISSIONS WILL BE RETURNED TO EMPLOYEE AND NOT PROCESSED.