



CAPISTRANO UNIFIED SCHOOL DISTRICT

DIRECT DEPOSIT AUTHORIZATION FORM

LAST NAME

FIRST NAME

MIDDLE INITIAL

Employee ID or SSN

Street address

City

Zip Code

Phone number (Best phone number to reach you)

Please have my paycheck automatically deposited into the following account:

Your Bank's Routing Number _____

Your Account Number _____

- ☐ CHECKING
- ☐ SAVINGS

You can find your account and routing numbers when you sign into your online banking or you may attach a VOIDED check or contact your financial institution for the correct numbers.

I hereby authorize Capistrano Unified School District (CUSD) and the Orange County Department of Education (OCDE) and/or their agents, to initiate electronic deposits and, as necessary, debit corrections to previous deposits, to the above account.

I understand:

- I must submit a new Direct Deposit Authorization form if I or my financial institution changes my account name/number, branch, routing number, etc.
- Automatic deposit status will be temporarily suspended if wages are garnished or credential is held at OCDE.

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 School 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.

This authorization replaces any previous made by me and will remain in effect until changed or canceled by my submission of a new Direct Deposit Authorization Form.

Your Signature

Date signed

****YOU MAY STAPLE A BLANK VOIDED CHECK TO THIS FORM TO SHOW ACCOUNT INFORMATION****