

43-500 Monterey Ave. Palm Desert, CA 92260

PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name: Galaxy ID Number:					
☐ Initial Enrollment ☐ Change in Account Info/Distribution ☐ Re-Enrollment ☐ Termination of Direct Deposit					
I hereby request to have the net pay of my payroll warrant electronically transferred (direct deposit) to my financial institution(s) as specified below. I have attached a voided check for each checking account and/or a copy of a financial statement displaying the account number of each savings account. DISTRIBUTION OPTIONS – maximum of 3 accounts					
Ban	« N AME	ACCOUNT TYPE	ROUTING NUMBER	ACCOUNT NUMBER	Amount
1		☐ Checking ☐ Savings			
2		☐ Checking ☐ Savings			
3		☐ Checking ☐ Savings			
AUTHORIZATION I,, shall hold harmless and indemnify the Desert Community College District, hereinafter referred to as th District, and its officers and employees from any claim or demand of whatever nature including those based upon negligence of th District and its officers and employees, brought by any person, including any financial institution(s), against the District in its capacit as an employer concerning the Payroll Warrant Distribution provided by the District.					
I hereby authorize the District to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in erroto my account indicated above. I also authorize the financial institution(s) identified above to credit and/or debit the same to sucaccount. Electronic fund transfer takes effect one month following request after a successful pre-note test has occurred through the banking system. The request completed above is for the distribution of any payroll warrant(s) from the effective date specified untrescinded in writing.					
Signature: Date:					
FOR PAYROLL USE ONLY					
Entered By: Date Entered:					