

Ventura Unified School District
PAYROLL CHECK OPTION AUTHORIZATION

Name _____

Social Security (last 4 digits) _____

Choose **OPTION 1, OPTION 2, or OPTION 3** below:

OPTION 1: [] PICK UP CHECK Available on the last District working day of the month at the Education Service Center office between 12:00p.m. – 4:30p.m.

OPTION 2: [] MAIL CHECK Check will be mailed out on the last District working day of the month.

OPTION 3: [] DIRECT DEPOSIT

Note: All electronic direct deposit transactions must be tested by the PRENOTE process (a \$0 test transaction) to ensure the Payroll Department has correct account information and that the receiving financial institution can process the payroll deposit. The PRENOTE process takes a minimum of one month and must be completed before the first "live" deposit. Therefore, **your first payment will be by check. You will need to pick up your check at 255 W. Stanley Ave. between the hours of 12:00p.m. – 4:30p.m. on PAYDAY.**

You may have your check directly deposited into one account or multiple accounts. If you choose multiple accounts, you need to designate the amount to be deposited in each different account, or the amount you want in one account and the Remaining Net Amount for the other account:

FIRST ACCOUNT	SECOND ACCOUNT
Bank Name:	Bank Name:
Account Type: [] Checking [] Savings	Account Type: [] Checking [] Savings
Routing Transit #:	Routing Transit #:
Account Number:	Account Number:
I wish to Deposit \$____.____ or [] Entire Net Amt	I wish to Deposit \$____.____ or [] Remaining Net Amt

ATTACH VOIDED CHECK or DOCUMENTATION FROM BANK
(deposit slips are not acceptable. For savings a document from bank is required)

I authorize Ventura Unified School District, hereinafter called VUSD, and/or its agents, to initiate electronic deposits and, if necessary, debit corrections to previous deposits, to the financial institution designated above.

I understand:

- Automatic deposit status is not activated until the month following a \$0 PRENOTE test transaction.
- I must submit a new authorization form if I change my account (name, branch, etc.).
- Automatic deposit status will be suspended if wages are garnished.

I agree to hold harmless and indemnify VUSD, and its officers and employees, from any claim or demand of whatever nature, including those based upon negligence of VUSD and its officers and employees, for failure or delay in making deposits and/or correction to deposits as herein authorized. I agree to pay all fees incurred because of the failure on my part to notify of any changes in my account information that would result in a return of my deposit.

This authorization replaces any previous made by me and is to remain in effect until changed or canceled by submission of a new Payroll Check Option Authorization form.

Employee Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY PAYROLL:

Prenote		Deposit	
---------	--	---------	--

Entry: _____