Contra Costa Community College District DIRECT DEPOSIT AUTHORIZATION

New Change Cancel	Bank Merge
Name	SS or ID #
Home Phone:	Work Phone: Campus CCC DVC LMC District
Name of Bank, Credit Union or Institution	Branch and Location
Address of Bank	Bank Phone Number
Routing Number	Bank Account Number
I hereby authorize the above named Contra Costa Community College District (CCCCD) and their agents, to initiate electronic deposits and as necessary, debit corrections to previous deposits, to the above account. I understand, * Direct Deposit is not activated for 31 days following a Prenote, verified by Wells Fargo Bank for New or Change authorization. * I must submit a new authorization form if I change my account (name, branch, type of account, etc.) * Direct Deposit status may be suspended or rescinded by the CCCCD and payment made by warrant, if necessary to meet	
payroll deadlines or under other extreme conditions. I agree to hold harmless and indemnify the CCCCD and their officers and employees from any claim or demand of whatever nature of failure or delay in making deposits and or corrections to deposits as herein authorized. This authorization replaces any previously made by me and is to remain in effect until changed or cancelled by submission of a new Direct Deposit Authorization form.	
Signature:	Date:
ATTACH VOIDED CHECK HERE District Payroll Use Only	

Processed by: _____ Date: ____