CONEJO VALLEY UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT
1400 E. Janss Road, Thousand Oaks, California 91362
Telephone (805) 497-9511 · FAX (805) 494-3741

DIRECT DEPOSIT-AUTHORIZATION AGREEMENT

REQUEST TYPE: ☐ BEGIN DIRECT DEPOSIT ☐ CHANGE ☐ ADDITIONAL ACCOUNT ☐ CANCEL DEPOSIT

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

XXX - XX - _____ Work Location _____ Work Phone # _____
Social Security No. (Last 4 digits)

DIRECT DEPOSIT #1	**DIRECT DEPOSIT #2** (OPTIONAL)	**DIRECT DEPOSIT #3** (OPTIONAL)
BANK ACCOUNT (check one) :	BANK ACCOUNT (check one) :	BANK ACCOUNT (check one) :
☐ **Checking** ☐ **Savings**	☐ **Checking** ☐ **Savings**	☐ **Checking** ☐ **Savings**
BANK NAME:_____	BANK NAME:_____	BANK NAME:_____
ACCOUNT #_____	ACCOUNT #_____	ACCOUNT #_____
I wish to deposit (check one):	I wish to deposit (check one):	I wish to deposit (check one):
☐ ALL Net Pay	☐ Specific Dollar Amount $_____	☐ Specific Dollar Amount $_____
☐ Specific Dollar Amount $_____	☐ Remainder of Net Pay	☐ Remainder of Net Pay

YOU MUST ATTACH A VOIDED CHECK(S) OR BANK FORM FOR EACH ACCOUNT REQUESTED.

EMPLOYEE ACKNOWLEDGEMENT OF PAYROLL/LOST CHECK POLICY AND DIRECT DEPOSIT AUTHORIZATION

I hereby authorize the Ventura County Superintendent of Schools Office (VCSSO), and/or their agents, including CVUSD, to initiate electronic deposits and, as necessary, debit corrections to previous deposits, to the above account(s).

I agree to hold harmless and indemnify VCSSO and CVUSD, and its officers and employees from any claim or demand of whatever nature, including those based upon negligence of VCSSO or CVUSD and its officers and employees for failure or delay in making deposits and/or corrections to deposits as herein authorized.

I further understand:

- Direct deposit is not activated until the month following a successful $0 test transaction (up to 2 payroll cycles).
- I hereby authorize the email delivery of my monthly payroll direct deposit remittance advice (paystub) to a designated email address. *For security purposes we recommend using your CVUSD email.*

  ☐ **CVUSD email** ***(for permanent employees only)*** ☐ **Personal Email Address:** _____
- Email delivery of my Remittance Advice may be suspended if 2 consecutive reports are rejected, or if Direct Deposit is suspended.
- I understand access to my encrypted file will require entering the last 4 digits of my social security number.
- I must submit a new authorization form if I change my email address, or wish my Remittance Advice sent to a different email address.
- I must submit a new authorization form if I change my account (name, branch, etc.) or if such changes occur as the result of a merger, buy-out, etc. New forms must be submitted in a timely manner.
- All changes must be submitted to the CVUSD Payroll Office in a timely manner.
- Automatic deposit status may be temporarily suspended if wages are garnished, or held for credential reasons.
- I am responsible for paying any and all fees incurred because of failure on my part to notify CVUSD of any changes in my account information that would result in a return of my deposit.
- Employees in regular classified positions are paid ONCE a month, at the end of the month when service is rendered. Substitute/Exempt employees who do not hold any regular classified position are on a payment cycle that is one month behind
- It is the responsibility of the employee to notify the Payroll and/or Human Resources departments of any discrepancies (i.e., overpayments or underpayments) in payment of wages, overtime, shift-differentials, and/or longevity immediately upon discovering an error regardless if its an overpayment or an underpayment of total compensation.
- Employees shall reimburse the District for any and all "overpayments" regardless if they had or did not have knowledge that an overpayment was occurring.
- I absolve the Conejo Valley Unified School District of all responsibility in any and all cases where my check may be lost in the mail. I also understand that in all such cases, it is my responsibility to do all checking, tracing, and investigating in the effort to rectify the problem.
- I understand that if my payroll check is lost, I must submit a statement (V.C.C.S.O. Form #SB1123) to the Payroll Department and that it may take up to 10 days to have the check replaced.

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 Agreement.

_____ _____
Employee Signature **Date**