

WEST VALLEY-MISSION COMMUNITY COLLEGE DISTRICT DIRECT DEPOSIT AUTHORIZATION AGREEMENT PAYROLL ONLY NOT FOR ACCOUNTS PAYABLE

The West Valley-Mission Community College District offers direct deposit to all employees. Please carefully read the information below:

 Paychecks can only be electronically transferred during the two primary pay periods (15th of-mo or end-of-month). If payments are issued to an employee outside of the normal pay period, a pa check will be issued. 							
2.	To initiate the direct deposit setup, fill out the second page to this agreement, attach a voided check, then submit to the Payroll Office by the deadline date.						
	Deadline for 15th of month payroll: 30/31st of the month Deadline for end-of-month payroll: 17th of the month						
3.	The direct deposit will be "pre-noted" for one pay period. This is a dry run to ensure a successful						

- 3. The direct deposit will be "pre-noted" for one pay period. This is a dry run to ensure a successfu account validation. During the pre-note period, employees will receive a paper paycheck. If the bank detects no errors, the next paycheck will be electronically transferred to employees bank account.
- 4. Changes to an employee's direct deposit (new bank or new account) will result in another "prenote" pay period to validate bank information. A new direct deposit form must be submitted by the deadlines as noted above.
- 5. The banking industry suggests that you have overdraft protection for your accounts. This will protect you in the event of a processing failure in the banking system. The District is not responsible for any errors or bank charges due to errors in the direct deposit process.

Your signature below states that you understand the above information and will adhere to the procedures therein:

Employee Signature	Date

New		Change				Cance	I			
I hereby authorize West Valley-Nentries and adjustments for any and debit the same entries to su	credit entries in error									
Bank Name:				Checking or	ſ			Savings		
City:		State:				Zip Co	de:			
(where bank is located)										
Bank Transit #:					_					
Account #:					I	Deposit	amo	ount or %		
Bank Name:				Checking or	r			Savings		
City:		State:				Zip Co	de:			
(where bank is located)										
Bank Transit #:					_					
Account #:					ſ	Deposit	amo	ount or %		
Bank Name:				Checking or	ſ	[Savings		
City:		State:				Zip Co	de:			
(where bank is located)										
Bank Transit #:	_				_					
Account #:					ſ	Deposit	amo	ount or %		
This authority is to remain in full for me on its termination in such time (institution(s) a reasonable time to a instructions and understand that the	ten days) and in such ma	anner as to ation of my	afford \ employ	West Valley-M ment from the	ission (e Distri	Commui ct. I hav	nity Co	ollege Distric d the Direct	ct and the Deposit	e
Employee Name (PRINT)		Banner	Banner ID: (G0123456)							
Employee Signature		Date								
YOU MUS	T ATTACH VOIDED BL	ANK CHE	ск то v	ALIDATE ACC	COUN	T INFOI	RMA [·]	TION.	Reviser	d: 10/29/19