



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:

1. To initiate the direct deposit setup, fill out the second page of this agreement and attach acceptable banking information. Choose one:
 - A check marked "**VOID**" with my preprinted name.
 - An official bank direct deposit form or letter that includes *my name, routing, account number, and account type.*
2. Once completed, submit it to the Payroll Office 15 calendar days prior to your next pay date.
Submit to: payroll.services@wvm.edu
3. Direct deposit requests must be verified through a prenote process with your financial institution to confirm the accuracy of account and routing numbers. The prenote process occurs during the first payroll after signing up for direct deposit, and **your first paycheck will be mailed to the address on file**. Once your account and routing numbers are verified, your direct deposit will take effect in the following payroll period.
4. Changes to an employee's direct deposit (new bank or new account) will result in another "prenote" pay period to validate bank information.
5. Notify the Payroll Office immediately if your bank account has been compromised, if you change banks or account numbers, or if your current direct deposit is no longer active.
6. The District is not responsible for any errors or bank charges resulting from incorrect or outdated direct deposit information provided. A replacement check can only be reissued after the District has received refund from the financial institution.

Your signature signifies that you understand the above information and agree to adhere to the procedures therein.

Employee Signature

Date

**** Important: Be sure to read, sign, and date the first page as well.**

New

Change

Cancel

I hereby authorize West Valley-Mission Community College District to initiate credit entries to my account(s) as indicated below. If necessary, I also authorize the District to initiate debit entries and adjustments for any credit entries made in error. The bank named below is authorized to process these credit and debit entries to my account.

Bank Name: _____ Checking or Savings

Bank Transit #: _____

Account #: _____

Deposit Amount or % _____

Bank Name: _____ Checking or Savings

Bank Transit #: _____

Account #: _____

Deposit Amount or % _____

Bank Name: _____ Checking or Savings

Bank Transit #: _____

Account #: _____

Deposit Amount or % _____

This authority is to remain in full force and effect until West Valley-Mission Community College District receives written notification from me of its termination, provided in a manner that allows the WVMCCD and the financial institution(s) a reasonable time to act on it, or upon termination of my employment from the District. I have read the Direct Deposit instructions and understand that the District is not responsible for any errors or bank charges resulting from the direct deposit process.

Employee Name (PRINT)

Banner ID: (G01234567)

Employee Signature

Date

Revised: 09/2024