

LOS ANGELES COMMUNITY COLLEGE DISTRICT

DIRECT DEPOSIT AUTHORIZATION

Employee Number	Employee Name (Last, First, MI)	Social Security Number	Work Location

Bank Name:	Branch
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Bank Routing Number	Account Number
<input type="text"/>	<input type="text"/>

ACCOUNT TYPE:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
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DIRECT DEPOSIT OPTIONS (Apply to each paycheck) Select one per authorization:

<input type="checkbox"/> Deposit net pay (Main Bank) By checking this box, any existing Main Bank will be automatically terminated.
<input type="checkbox"/> Deposit a fixed amount of \$ _____ (Secondary Bank or Account)

CANCELLATION OF EXISTING DIRECT DEPOSIT

Bank Name _____

Bank Routing Number _____

Bank Account Number _____

Effective Date of Cancellation _____

I hereby authorize the Los Angeles Community College District or its agents to initiate deposits (and/or corrections to previous deposits) to the financial institution(s) indicated above. The institution is authorized to deposit and/or correct the amounts to my account. The authorization is to remain in effect until a new authorization is submitted requesting termination. A change in account number will require a new authorization. This authorization must be received in the District Payroll Office four (4) weeks before the effective pay date.

Signature (Required)

Date

Contact Number

**ATTACH A VOIDED CHECK (not a deposit slip) OR
DIRECT DEPOSIT INFORMATION FROM YOUR BANK**

PLEASE TAPE YOUR CHECK HERE - DO NOT STAPLE

SUBMIT THIS FORM TO PAYROLL SERVICES - DISTRICT OFFICE OR

GO PAPERLESS AND SIGN-UP IN ESS PORTAL

<https://prdportal.laccd.edu:50001/irj/portal>