RCCD
RIVERSIDE COMMUNITY COLLEGE DISTRICT

Reset Form

PAYROLL DIRECT DEPOSIT
Authorization Form

☐ **New**
☐ **Change**
☐ **Cancellation**

Employee No. _____

Name: _____

PAYROLL USE ONLY	
Changes entered:	
Completed by:	

I HEREBY REQUEST THAT MY PAYROLL WARRANTS BE ELECTRONICALLY TRANSFERRED TO MY FINANCIAL INSTITUTION(S) AS NOTED BELOW:

You may elect to transfer funds to one, two, or three different accounts. Please indicate the amount(s) and account(s) as applicable:

1. Total Net Pay or $_____

Financial Institution:_____

Checking Account #_____

Savings Account #_____

(attach a voided check or a portion of bank statement displaying the account & routing number)

2. Remaining Balance or $_____

Financial Institution:_____

Checking Account #_____

Savings Account #_____

(attach a voided check or a portion of bank statement displaying the account & routing number)

3. Remaining Balance

Financial Institution:_____

Checking Account #_____

Savings Account #_____

(attach a voided check or a portion of bank statement displaying the account & routing number)

SEND MY PAYSTUB TO:

_____, _____

LOCATION DEPARTMENT

I,_____, shall hold harmless and indemnify the Riverside Community College District, hereinafter referred to as District, and its officers and employees from any claim or demand of whatever nature including those based upon negligence of the District and its officers and employees, brought by any person, including any financial institution(s), against the District in its capacity as an employer concerning the Payroll Warrant Distribution provided by the District.

I hereby authorize the District to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above. I also authorize the financial institution(s) identified above to credit and/or debit the same to such account.

The request completed above is for the distribution of my payroll warrant(s) until rescinded in writing.

DATE: _____ SIGNATURE: _____