



43-500 Monterey Ave. Palm Desert, CA 92260

**PAYROLL DIRECT DEPOSIT
AUTHORIZATION FORM**

Employee Name: _____
Please Print

Galaxy ID Number: _____

- Initial Enrollment Change in Account Info/Distribution Re-Enrollment Termination of Direct Deposit

NO SUMMER SAVER ACCOUNTS

I hereby request to have the net pay of my payroll warrant electronically transferred (direct deposit) to my financial institution(s) as specified below. I have attached a voided check for each checking account and/or a copy of a financial statement displaying the account number of each savings account.

DISTRIBUTION OPTIONS – maximum of 5 accounts

	BANK NAME	ACCOUNT TYPE	ROUTING NUMBER	ACCOUNT NUMBER	AMOUNT
1		<input type="checkbox"/> Checking <input type="checkbox"/> Savings			
2		<input type="checkbox"/> Checking <input type="checkbox"/> Savings			
3		<input type="checkbox"/> Checking <input type="checkbox"/> Savings			
4		<input type="checkbox"/> Checking <input type="checkbox"/> Savings			
5		<input type="checkbox"/> Checking <input type="checkbox"/> Savings			

AUTHORIZATION

I, _____, shall hold harmless and indemnify the Desert Community College District, hereinafter referred to as the 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. Electronic fund transfer takes effect one month following request after a successful pre-note test has occurred through the banking system. The request completed above is for the distribution of any payroll warrant(s) from the effective date specified until rescinded in writing.

Signature: _____

Date: _____

Approval by Payroll _____

Date: _____