



Poway Unified School District

Direct Deposit Authorization Form

Authorization Agreement

I hereby authorize Poway Unified School District (the District) and San Diego County Office of Education (SDCOE) and/or their agents to initiate electronic deposits and, as necessary, debit corrections to previous deposits to the account stated below.

I agree to hold harmless and indemnify the District and SDCOE and their officers, employees, and agents from any claim or demand of whatever nature, including those based upon negligence of the District and SDCOE and their officers, employees, and agents for failure or delay in making deposits and/or corrections to deposits as herein authorized.

This authorization replaces any previously agreed to by me and is to remain in effect until changed or canceled by submission of a new Direct Deposit Authorization form.

Account Information

New Account Change Cancel Additional Account

Employee Name: _____ Employee ID: _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking | Savings

Deposit Amount: All Other: \$ _____

Authorized Signature

Authorized Signature _____ Date: _____

Please indicate if you have Direct Deposit at another District YES _____ NO _____

If available, please attach a voided check here