



PAYMENT OPTION AUTHORIZATION FORM

New or Change Cancel

Employee Name: _____
(First, Middle, Last)

Employee ID OR SSN: _____ School Year: _____

Payroll Payment Option

California Labor Code provides employees with the right to decide how they want to be paid. Please check the box under your selected option and complete the required information.

Direct Deposit Complete the information below and provide a voided blank check.	
<input type="checkbox"/>	Bank Name / Branch:
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Account Number:
	Transit/Routing Number:

Payroll Card Payroll Card account information will be mailed directly to your home address.	
<input type="checkbox"/>	No information is required at this time. A Payroll Card account will be created for you automatically and the account information will be mailed to your home address.

Paper Check	
<input type="checkbox"/>	A Payment Option Authorization Form expires each year on June 30th and must be submitted by the last working day in June of each year in order to continue receiving paper checks. If a new Payment Option Authorization Form is not received, you will be transitioned to the default payment option for your district (Payroll Card).

Acknowledgements for Direct Deposit, Net Check, and Payroll Card Option

- I hereby authorize Westminster School District and the Orange County Department of Education and/or their agents to initiate electronic deposits and, as necessary, debit corrections to previous deposits to the above account.
- I understand that I must submit a new authorization form if I change my account (bank, account number, branch, etc.)
- I agree to hold harmless and indemnify the governing board, the School District, their officers and employees, and the Superintendent of Schools of the County of Orange and their employees, from every claim and demand, of whatever nature, including those based upon negligence of the governing board, the District, their officers and employees, and the Superintendent of Schools of the County of Orange and their employees for failure or delay in making deposits and/or corrections to deposits as herein authorized.

Employee Acknowledgement and Signature

- This authorization replaces any previously made by me and will remain in effect until changed or cancelled by my submission of a new Payment Option Authorization Form or the expiration of my payment option.

Employee Signature: _____ Date: _____