



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Livingston Union School District** to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold **Livingston Union School District** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

I understand that it will take a minimum of **two** pay periods before my net pay will be automatically deposited.

In the event I am overpaid by my school district, and my net pay has been deposited into my account, I will immediately reimburse Livingston Union School District **the full amount of such overpayment**.

This agreement will remain in effect until **Livingston Union School District** receives a signed notice of cancellation from me or until I submit a new direct deposit form to the Payroll Department.

Account Information

If you are a member of Merced Schools Employee Federal Credit Union, you must use the MSEFCU Form.

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Authorization

Print Name _____ Employee ID# _____

Authorized Signature _____ Date: _____

Attach a voided check or bank print out with routing and account information.