

PAYROLL DISPOSITION FORM

EFT AUTHORIZATION FORM

EMPLOYMENT PAY TYPE:	NAME:	COLLEAGUE ID NUMBER:
REQUEST TYPE: New Authorization Update Authorization I HEREBY REQUEST THAT MY PAYROLL WARRANT BE:	EMPLOYMENT PAY TYPE: □Academic Contra	act □Classified Contract
HEREBY REQUEST THAT MY PAYROLL WARRANT BE: MAILED TO ADDRESS ON FILE (sign Waiver on reverse) PICKED UP FROM PAYROLL OFFICE ELECTRONICALLY TRANSFERRED TO MY BANK (attach voided check or provide bank information below) Bank Name:	□Academic Hourly	/Adjunct □Short Term Worker/Student
MAILED TO ADDRESS ON FILE (sign Waiver on reverse) PICKED UP FROM PAYROLL OFFICE ELECTRONICALLY TRANSFERRED TO MY BANK (attach voided check or provide bank information below) Bank Name:	REQUEST TYPE: New Authorization	n □ Update Authorization
Bank Name: Bank Name: Bank Name: Bank's 9-digit Routing # Account Type: Checking Savings Bank Name: Bank's 9-digit Routing # Account Type: Checking Savings	I HEREBY REQUEST THAT MY PAYROLL WARRAN	T BE:
Bank Name: Amount: Total Net Pay or \$ or Cancel Account # Bank's 9-digit Routing # Account Type: Checking Savings Bank Name: Amount: Remaining Balance or \$ or Cancel Account Type: Checking Savings Bank's 9-digit Routing # Account Type: Checking Savings Bank Name: Amount: Remaining Balance or \$ or Cancel Account # Bank's 9-digit Routing # Account # Bank's 9-digit Routing # Account Type: Checking Savings	MAILED TO ADDRESS ON FILE (sign Waiver on	reverse) PICKED UP FROM PAYROLL OFFICE
Amount: Total Net Pay or \$ or Cancel Account # Bank's 9-digit Routing # Account Type: Checking Savings Bank Name: or Cancel Account # Bank's 9-digit Routing # Account Type: Checking Savings Bank Name: or Cancel Account Type: Checking Savings Bank Name: or Cancel Account # Bank's 9-digit Routing # Account # Bank's 9-digit Routing # Account # Bank's 9-digit Routing # Account Type: Checking Savings	☐ ELECTRONICALLY TRANSFERRED TO MY B	ANK (attach voided check or provide bank information below)
Account Type: Checking Savings Bank's 9-digit Routing # Account Type: Checking Savings Bank Name: Bank's 9-digit Routing # Account Type: Checking Savings Bank Name: Bank's 9-digit Routing # Account # Or Cancel Account # Or Cancel Account # Bank's 9-digit Routing #	Bank Name:	
Account Type: Checking Savings Bank Name: or Cancel Account # Bank's 9-digit Routing # Account Type: Checking Savings Bank Name: or Cancel Account # Bank's 9-digit Routing # Account # Bank's 9-digit Routing # Account # Bank's 9-digit Routing #	Amount: □ Total Net Pay or □ \$ or □	□ Cancel
Bank Name: Amount: Remaining Balance or \$ or Cancel Account # Bank's 9-digit Routing # Account Type: Checking Savings Bank Name: Amount: Remaining Balance or \$ or Cancel Account # Bank's 9-digit Routing # Account Type: Checking Savings	Account #	Bank's 9-digit Routing #
Bank Name: or _ Cancel Account # Bank's 9-digit Routing # Account Type: _ Checking _ Savings Bank Name: or _ Cancel Amount: _ Remaining Balance or _ \$ or _ Cancel Account # Bank's 9-digit Routing # Account Type: _ Checking _ Savings		
Account # Bank's 9-digit Routing # Account Type: Checking Savings Bank Name: Amount: Remaining Balance or \$ or Cancel Account # Bank's 9-digit Routing # Account Type: Checking Savings		
Account Type:	Amount: ☐ Remaining Balance or ☐ \$	_ or □ Cancel
Bank Name: Amount: Remaining Balance or \$ or Cancel Account # Bank's 9-digit Routing # Account Type: Checking Savings	Account #	Bank's 9-digit Routing #
Bank Name: Amount: Remaining Balance or \$ or Cancel Account # Bank's 9-digit Routing # Account Type: Checking Savings		
Account # Bank's 9-digit Routing # Account Type: Checking Savings		
Account Type: Checking Savings	Amount: ☐ Remaining Balance or ☐ \$	or □ Cancel
	Account #	Bank's 9-digit Routing #
ELECTRONIC FUND TRANSFER TAKES EFFECT ONLY AFTER A SUCCESSFUL PRENOTE TEST HAS	Account Type: ☐ Checking ☐ Savings	
OCCURRED THROUGH THE BANKING SYSTEM. TYPICALLY, THE NEXT PAY PERIOD.		
shall hold harmless and indemnity Chaffey Community College District herein after referred to as Distr nd its officers and employees from any claim or demand of whatever nature of the District and its officers and employees, brought by any person, includ ny banking institution against the District in its capacity as an employer concerning the Payroll Warrant Disposition provided by the District.	nd its officers and employees from any claim or demand of whatever	nature of the District and its officers and employees, brought by any person, including
hereby authorize the District to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account indica bove. I also authorize the Depository Credit Union/Bank named above, to credit and/or debit the same to such account. The request completed above is me monthly disposition of my pay warrant from the first payroll after the date this form is signed until rescinded in writing.	hereby authorize the District to initiate credit entries and, if necessary bove. I also authorize the Depository Credit Union/Bank named above	y, debit entries and adjustments for any credit entries in error to my account indicated e, to credit and/or debit the same to such account. The request completed above is for
Signature: Date:		

FOR BUSINESS OFFICE USE ONLY:

Prenote payroll date: