

SAN BERNARDINO COMMUNITY COLLEGE DISTRICT
Electronic Funds Transfer Disposition
Requisition/Authorization Form

POSITION: **ACADEMIC CONTRACT** **CLASSIFIED CONTRACT**
 ACADEMIC HOURLY **SHORT-TERM / SUBSTITUTES / STUDENTS**

NAME: _____ **SOCIAL SECURITY NO:** _____

The policy of the San Bernardino Community College District for the disposition of payroll warrants is to mail the warrant to the employee’s mailing address by the United States Postal Service unless one of the following options is requested in writing:

CANCEL MY E.F.T.

ELECTRONICALLY TRANSFER (EFT) TO MY BANK (Attach bank preprinted deposit slip)

DEPOSITORY (Bank Name): _____

DEPOSITORY INSTITUTION 9-DIGIT TRANSIT/ABA NO.: _____

ACCOUNT NO.: _____ **CHECKING OR** **SAVINGS**

I _____, shall hold harmless and indemnify the San Bernardino Community College District, herein after referred to as District, and employees from any claim or demand of whatever nature of the district and its offers and employees, brought by any person, including any banking institution against the District in it capacity as an employer concerning the Payroll Warrant Disposition provided by the District.

I hereby authorize the district to initiate credit entries and, if necessary, debt entries and adjustments for any credit entries in error to my account indicated above. I also authorized the Depository Credit Union/Bank named above (Depository), to credit and/or debit the same to such account. **Electronic funds transfer takes effect one month following request after a successful prenote test has occurred through the banking system.** The above request is for the monthly disposition of my pay warrant from this date until rescinded in writing.

SIGNATURE: _____ **DATE:** _____

(ACADEMIC CONTRACT & CLASSIFIED CONTRACT EMPLOYEES ONLY)
PICK UP AT:
 SBVC CAMPUS BUSINESS OFFICE
 CHC CAMPUS BUSINESS OFFICE
 DISTRICT OFFICE

FOR CHANGE OF ADDRESS, USE PERSONNEL 001 FORM.

Please return to: District Payroll Department