



Laguna Beach Unified School District  
550 Blumont Street  
Laguna Beach CA 92651  
(949) 497-7700 Fax: (949) 497-7710

## Direct Deposit Agreement Form

### Authorization Agreement

I hereby authorize **Laguna Beach Unified School District** and the **Orange County Department of Education** and/or their agents, to initiate electronic deposits and, as necessary debit corrections to the account at the financial institution named below. I also authorize **Laguna Beach Unified School District** to make withdrawals from this account in the event that a credit entry is made in error.

Further, 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 his 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 his employees for failure or delay in making deposits and/or corrections to deposits as herein authorized.

This authorization replaces any previously made by me and will remain in effect until **Laguna Beach Unified School District** receives a written notice of change or cancellation by my submission of a new Direct Deposit Authorization Form.

### Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

### Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a voided check and return this form to Payroll.**