



# SANTA ANA UNIFIED SCHOOL DISTRICT

## PAYMENT OPTION AUTHORIZATION FORM

Select One: ☐ Certificated ☐ Classified

Full Name: \_\_\_\_\_  
First Middle Last

Last 4 digits of your SSN: \_\_\_\_\_ Employee ID# \_\_\_\_\_

Phone Number: \_\_\_\_\_

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 provide the required information.

### **DIRECT DEPOSIT** (*select one option*):

- ☐ Checking (A voided check or bank letter with account number must be attached to this form)  
☐ Savings (Bank confirmation letter with account number must be attached to this form)

### **SCHOOLSFIRST PAYROLL CARD** (*to enroll go to [www.schoolsfirstfcu.org/payroll](http://www.schoolsfirstfcu.org/payroll)*):

- ☐ Payroll Card (Bank confirmation letter with account number must be attached to this form)

### **PAPER CHECK** (*default option if you do not sign up for Direct Deposit or Payroll Card*):

- ☐ Paper Check (Mailed on payday to home address on file via USPS)

### **Acknowledgements for Direct Deposit and Payroll Card Option:**

- I hereby authorize the Santa Ana Unified 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, district, their officers and employees, and the Superintendent of the Orange County Department of Education 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 the Orange County Department of Education and their 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 changed or cancelled by my submission of a new Payroll Payment Authorization Form or the expiration of my payment option.

**Signing this statement is a prerequisite to my employment in this position.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date