

**BARSTOW COMMUNITY COLLEGE DISTRICT
PAYROLL WARRANT DISPOSITION
REQUISITION/AUTHORIZATION FORM
ELECTRONIC FUND TRANSFER**

Name _____ Social Security No. _____
(Print)

Employment Pay Type:

Certificated _____ Classified _____ Hourly _____ Student Worker _____

TO BE FILLED OUT BY FINANCIAL INSTITUTION (or attach a Blank, Voided Check)

Depository _____ Branch _____

Address _____

Depository Institution 9-Digit/ABA No. _____

Account No. _____ Checking _____ Savings _____

Authorized Representative _____ Date _____

I, _____, shall hold harmless and indemnify the Barstow Community College District, herein after referred to as District, and its officers and employees from any claim or demand of whatever nature including those based upon negligence of the District and its officers and employees, brought by any person, including any banking institution against the District in its 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, debit entries and adjustments for any credit entries in error to my account indicated above. I also authorize the Depository Credit Union/Bank named above (Depository), to credit and/or debit the same to such account.

Electronic Fund Transfer takes effect on your second payroll, after a successfully verification of your bank and account has occurred on the first payroll. Note: your first payroll warrant following your EFT request may be picked up in the Business Office.

The request completed above is for the monthly disposition of my pay warrant from the effective date specified until rescinded in writing.

Signature _____ Date _____