

BARSTOW COMMUNITY COLLEGE DISTRICT
PAYROLL WARRANT DISPOSITION FORM
(EFT) AUTHORIZATION FORM

NAME _____ EE ID#: _____
Legible First and Last Name

EMPLOYMENT PAY TYPE:	<input type="checkbox"/> Certificated	<input type="checkbox"/> Classified
	<input type="checkbox"/> Hourly	<input type="checkbox"/> Student Worker

REQUEST TYPE:	<input type="checkbox"/> New Authorization	<input type="checkbox"/> Update Authorization	<input type="checkbox"/> Cancel Authorization
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Barstow Community College District requires employees to pick up payroll warrants unless the following options are requested in writing. Payroll warrants not picked up by the following pay date will be mailed to the address on file.

I HEREBY REQUEST THAT MY PAY WARRANT BE:

☐ MAILED TO ADDRESS ON FILE

(Verify address on file (BESTNET) prior to selection)

☐ PICKED UP FROM BUSINESS OFFICE - Must Provide ID

Name _____

Name _____

Name _____

☐ ELECTRONICALLY TRANSFERRED TO MY BANK

(Attach voided check or Direct Deposit Authorization Form provided by your bank)

Bank Name _____

9-Digit Routing # _____ Account # _____

Account Type ☐ Checking ☐ Savings

Electronic Fund Transfer (EFT) Notice

EFT will begin with your second payroll after a successful verification of your banking information.

Please note: your first payroll warrant after submitting your EFT request will be available for pickup in the Business Office.

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, to credit and/or debit the same to such account.

The request completed above is for the monthly disposition of my pay warrant from the first payroll after the date this form is signed until rescinded in writing.

Signature _____ Date _____