



Chaffey Community College District
PAYROLL ADVICE DISPOSITION
 EFT AUTHORIZATION FORM

NAME: _____ CHAFFEY/DATATEL ID NUMBER: _____
 EMPLOYMENT PAY TYPE: Academic Contract Classified Contract
 Academic Hourly / Adjunct Classified Hourly / Student

I HEREBY REQUEST THAT MY PAY ADVICE BE:

- MAILED TO ADDRESS ON FILE (Sign Reverse Side)**
- PICKED UP AT MY AREA OFFICE:** _____
AREA
- ELECTRONICALLY TRANSFERRED TO MY BANK (attach voided check)**
- CHANGE ELECTRONIC DEPOSIT**
- ADDITIONAL ELECTRONIC DEPOSIT**

Bank Name: _____ Amount: _____
 Banking institution 9-digit transit/ABA No: _____ Account No: _____
 Checking Savings

Bank Name: _____ Amount: _____
 Banking institution 9-digit transit/ABA No: _____ Account No: _____
 Checking Savings

Bank Name: _____ Amount: _____
 Banking institution 9-digit transit/ABA No: _____ Account No: _____
 Checking Savings

Bank Name: _____ Amount: _____
 Banking institution 9-digit transit/ABA No: _____ Account No: _____
 Checking Savings

ELECTRONIC FUND TRANSFER TAKES EFFECT ONLY AFTER A SUCCESSFUL PRENOTE TEST HAS OCCURRED THROUGH THE BANKING SYSTEM. TYPICALLY THE NEXT PAY PERIOD.

I _____, shall hold harmless and indemnify Chaffey Community College District herein after referred to as District, and its officers and employees from any claim or demand of whatever nature 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above is for the monthly disposition of my pay warrant from the first payroll after the date this form is signed until rescinded in writing.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: _____

FOR BUSINESS OFFICE USE ONLY:

Prernote payroll date: _____

EFT date: _____

ATTACH VOIDED CHECK HERE



Chaffey Community College District

PAYROLL DEPARTMENT

WAIVER FOR WARRANT MAILING

I _____, shall keep and save free and harmless the Chaffey Community College District, its officers, agents, and employees for any loss or delay of my pay warrant due to the deposit of same in the U.S. mail system.

I also understand and agree that per Government Code Section 29853, a warrant cannot be considered lost until and unless it has not been received by the addressee within twenty (20) days after date of mailing, unless a shorter period of time is established by the action of the Board of Supervisors.

By affixing my signature to this waiver, I acknowledge that, in accordance with Ordinance 2210 of the San Bernardino County Board of Supervisors, a warrant lost due to mailing cannot be replaced until fourteen (14) days have elapsed from the date of mailing. It is known and understood that this replacement may be further delayed due to payroll schedule conflicts.

Further, I acknowledge that payroll warrants replaced by a District Revolving Cash Fund check shall be only in the amount not to exceed 80% of the calculated net pay and the balance to be paid on the next supplemental payroll. If a County warrant is issued to replace the lost warrant **AND** the District has issued a revolving fund check as noted above, I will reimburse, upon receipt of the County warrant, the revolving fund in the amount of the temporary advance.

Signature

Date