

Oro Grande School District

Payroll Warrant Disposition
Requisition/Authorization Form

EMPLOYMENT PAY TYPE: _____ Classified _____ Certificated

I HEREBY REQUEST THAT MY PAY WARRANT BE ELECTRONICALLY TRANSFERRED (EFT) TO MY BANK (Bank must fill out bottom portion).

I, _____, shall hold harmless and indemnify the ORO GRANDE School 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 one month following request after successful prenote test has occurred through the banking system. The requested completed above is for the monthly disposition of my pay warrant from the effective date specified until rescinded in writing.

Employee's Signature _____ Date _____

For Bank Use Only

DEPOSITORY: _____ BRANCH _____

ADDRESS: _____ CITY: _____

DEPOSITORY INSTITUTION 9-DIGIT TRANSIT/ABA NO. _____

ACCOUNT NO: _____ CHECKING ___ OR SAVINGS ___

Bank Personnel Signature _____

MUST BE RETURNED BY THE 15TH OF THE MONTH TO THE PAYROLL OFFICE.