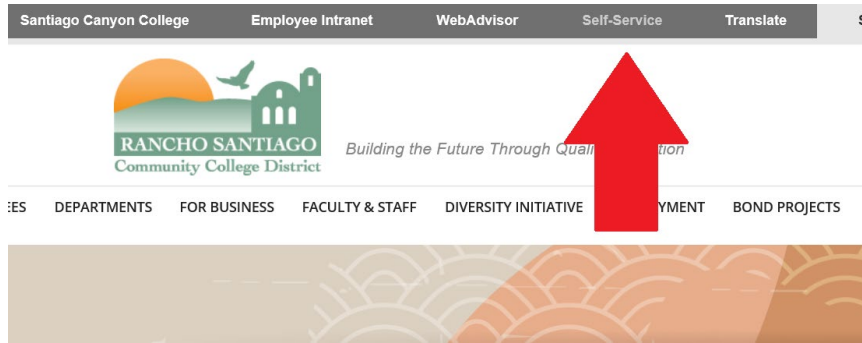


Electronic Direct Deposit Authorization Changes

Follow the steps below to change your bank for direct deposit:

1. Please log into Self-Service by navigating to www.rscdd.edu.

The Self-Service link is located on the **top right** of the web-site.



2. Log in to the site using your employee email and password:

For Employees:

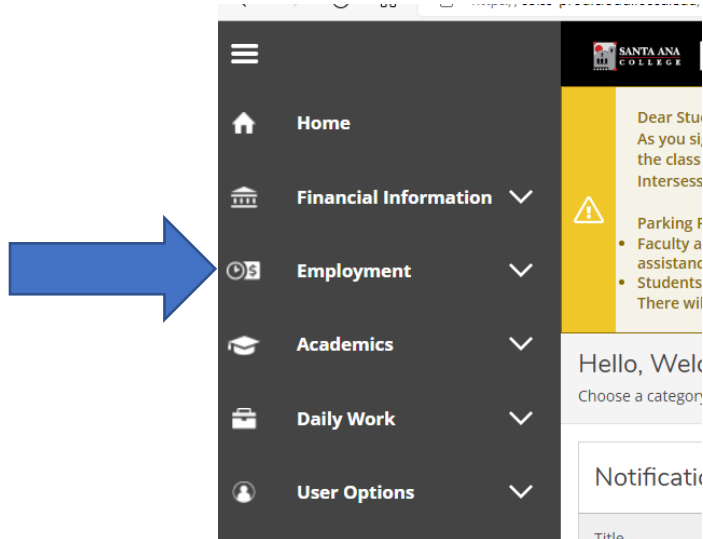
LastName_FirstName@sccollege.edu

LastName_FirstName@sac.edu

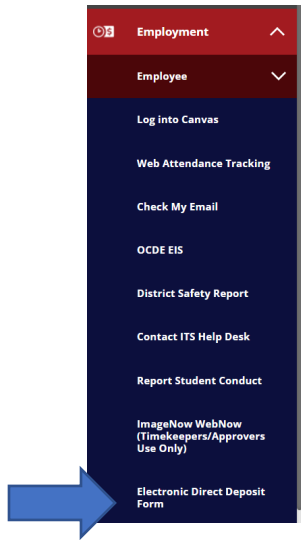
LastName_FirstName@rscdd.edu

Example: Smith_John@rscdd.edu


3. Once logged in, click the drop down menu on the **top left** of the web-page. Click Employment



4. Navigate to the Electronic Direct Deposit Form



5. Fill out new request form to start direct deposit, change account information or to Cancel Direct Deposit. Sign and Submit Form. (Note form is best viewed with minimized screen)

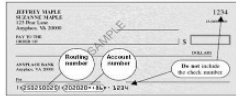

Rancho Santiago Community College District
Payroll Department

Payment Option Authorization Form

California Labor Code provides employees with the right to decide how they want to be paid.
Please complete the required fields below if you wish to enroll in this service, carefully read your information below.
Refer to the check image below as an example to identify your financial institutions ROUTING number and ACCOUNT number.
Receipt of funds could be delayed 5-7 business days after pay date if any of the information provided is incorrect.

Employee * First Name Middle Initial Employee * Termer Last Name
 Employee * Social Security Number Change Type: New Account Info Change to Existing Info Cancel Existing Direct Deposit Authorization Form

Bank Name: Account Type: Bank Routing Number: Bank Account Number:



Acknowledgement

-I hereby authorize the above named 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 bodies, School District, their officers, and employees, and the Superintendent of Schools of the County of Orange 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 Schools of the County of Orange 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 Payment Option Authorization form.
 -I understand that changes may not be immediately reflected in my upcoming paycheck, it may take 1-2 payroll cycles before the changes take effect.

District:
 Employee ID Authorizing Submission:
 (click to sign)
 Signature:
 Date Signed: