

RSCCD Employees:

You have options
for receiving your paycheck.

Direct Deposit or NetCheck

- Paycheck deposited directly to your checking or savings bank account
- Payroll funds are available immediately on pay date
- NetCheck to a *SchoolsFirst FCU* account to receive your payroll funds one day early
- All school employees are eligible for *SchoolsFirst FCU* Membership



Paper Check

- Paycheck will only be available at district office on payday
- Payroll funds are available after the check is deposited or cashed at the bank
- Subject to bank holds and/or check cashing fees
- Re-enrollment required each year



Payroll Card (issued through *SchoolsFirst FCU*)

- Paycheck deposited directly to your Payroll Card
- Payroll funds are available a day before pay date
- Withdraw funds at 28,000 fee-free *Co-Op* ATMs nationwide
- Use your card anywhere Debit MasterCard® is accepted nationwide
- Avoid costly check-cashing fees



Commonly Asked Payroll Card Questions

How long will it take for me to receive my card?

Your card is mailed to your home address within 5-7 business days. For your protection, the *Personal Identification Number (PIN)* arrives separately.

What happens if I do not receive my card in the mail or I lose my card?

Please call *SchoolsFirst FCU* at 855.312.0029 or go to schoolsfirstfcu.org to locate a branch to report the card not being received, lost or stolen.

How do I change my mailing address for my card?

Please contact the district Human Resources Department to change your mailing address.

What happens if I forget my PIN for my card?

Contact *SchoolsFirst FCU* at 855.312.0029 or visit a local branch.

Do I need to wait until payday to activate my card?

No, you can activate your Payroll Card as soon as you receive it by following the instructions on your card.

What is my account number for my card?

Your account number is included in the *SchoolsFirst FCU* Welcome Packet you receive prior to your card.

What if my Payroll Card doesn't work?

Make sure you have activated your card by following the instructions that were provided with it. Contact *SchoolsFirst FCU* at 855.312.0029 if you need assistance.

PAYMENT OPTION AUTHORIZATION FORM

New or Change Cancel

District Name: Rancho Santiago Community College Distirct

Employee Name: _____
(First, Middle, Last)

Employee ID: _____ OR Employee SSN: XXX-XX-_____
(last 4 digits)

Payroll Payment Option

California Labor Code provides employees with the right to decide how they want to be paid. Please check the box under your selected option and complete the required information.

Direct Deposit	
Complete the information below and provide a voided blank check.	
<input type="checkbox"/>	Bank Name / Branch:
	<input type="checkbox"/> Checking Account Number:
	<input type="checkbox"/> Savings Transit/Routing Number:

Payroll Card	
Payroll Card account information will be mailed directly to your home address.	
<input type="checkbox"/>	No information is required at this time. A Payroll Card account will be created for you automatically and the account information will be mailed to your home address.

Paper Check (available only at District Office on paydays)	
<input type="checkbox"/>	No information is required at this time.

Acknowledgements for Direct Deposit, Net Check, and Payroll Card Option

- 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 board, the 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.
Employee Acknowledgment and Signature
- 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 or the expiration of my payment option.

Employee Signature: _____ Date: _____