

COUNTY OF SANTA CLARA
Automatic Payroll Direct Deposit Authorization

* **NEW HIRE** *

check here _____

Employee Name (Print)		Dept #	Employee ID #
<input type="text"/>		<input type="text"/>	<input type="text"/>
(Last)	(First)	Union:	Daytime Telephone #:
<input type="text"/>		<input type="text"/>	<input type="text"/>
County e-mail	<input type="text"/>		

Direct Deposit is mandatory for new hires covered under certain union agreements. This means that having a bank account into which your pay can be deposited is a condition of employment. Direct deposit is for your total net pay. You may elect to deposit your net pay to up to two accounts, which do not have to be at the same financial institution. If you elect to use two accounts, you may designate either a flat dollar amount or a percentage of your net pay to the first account and the balance of your net pay to your second account

FIRST ACCOUNT: (check one) NEW CHANGE CANCEL

If the "NEW" or "CHANGE" box is checked, you must attach a copy of a voided check (if for a checking account) to this authorization and complete the bank information below .

<input type="text"/>	Enter	Bank Name: _____
	Amount or	Account # : _____
	% of Net Pay	<u>Please check one:</u> checking account <input type="checkbox"/> or savings account: <input type="checkbox"/>

SECOND ACCOUNT: (check one) NEW CHANGE CANCEL

If the "NEW" or "CHANGE" box is checked, you must attach a copy of a voided check (if for a checking account) to this authorization and complete the bank information below.

<input type="text"/>	Bank Name: _____
	Account # : _____
	<u>Please check one:</u> checking account: <input type="checkbox"/> or savings account: <input type="checkbox"/>

If you change bank accounts, you must cancel your direct deposit prior to closing your account with a financial institution. Failure to do so may result in a delay to receiving your pay. If part or all of your net pay is direct deposited to an account you have closed, the County cannot replace that net pay until it has received notification from the bank that the money has been rejected AND we have a new direct deposit form for your new account. Due to policies established by financial institutions, your funds may not be replaced for up to ten business days.

I hereby authorize the County of Santa Clara to perform the indicted actions(s) as designated to the institution(s) above. This authority is to remain in full force and effect until I revoke it in writing in such time (10 days) and in such manner as to afford the County of Santa Clara and the institution(s) a reasonable opportunity to act on it, or upon termination of my employment from the County of Santa Clara. I HAVE READ THE DIRECT DEPOSIT INSTRUCTIONS ON THE BACK OF THIS FORM AND I UNDERSTAND THAT I SHOULD HAVE AUTOMATIC OVERDRAFT PROTECTION.

Signature Date