Payroll Direct Deposit Program

NAME_____EMPLOYEE NUMBER_____

I hereby authorize Moraga-Orinda Fire District to initiate credits in electronic or other form in the amount of the net pay, or designated amounts from my 10th and 25th (or thereabouts) payroll(s) and to deposit such amounts into the indicated account(s). I understand that Moraga-Orinda Fire District does not guarantee timely availability of deposits. I also authorize Moraga-Orinda Fire District to make adjustments for any erroneous credits. I also understand that transactions under this Authorization will be subject to the Federal Electronic Fund Transfer Act and to other applicable laws and regulations, and that the Financial Institution in which my paycheck is deposited will provide me a statement as to my rights and obligations in connection with such transactions, in accordance with The Act. This Authorization is to remain in full force and effect until Moraga-Orinda Fire District has received written notice from me of its termination, or until I terminate my employment or the direct deposit program is cancelled. If your account(s) is closed, or the account(s) number changes due to a bank merger or other activity involving your financial institution, please contact Moraga-Orinda Fire District Benefits department to "STOP" or "CHANGE" your direct deposit. IF you do not complete the necessary "STOP" or "CHANGE" forms as required, your direct deposit may be rejected, and returned to Moraga-Orinda Fire District, resulting in significant delays in receiving your paycheck, and possible discontinuation of your direct deposit participation. NOTE: You should always confirm that your paycheck has been deposited into your account if you are a new enrollee, or have changed accounts and/or financial institutions.. Please be aware that the actual electronic depositing of your paychecks may be delayed for up to 6 weeks after receipt of your authorization to "START" or "CHANGE" direct deposit, as your request is processed.

Check One: Primary Account (10th & 25th paychecks)

_____**New** _____**Change** _____**Cancel Direct Deposit**

_____Checking Deposit Checking Account Number_____

_____Savings Deposit Savings Account Number_____

Name of Financial Institution_____

Routing Number of Financial Institution_____

Check One: Secondary Account I (10th paycheck only)

_____**New** _____ **Change** _____**Cancel Direct Deposit**

Amount $_____

_____Checking Deposit Checking Account Number_____

_____Savings Deposit Savings Account Number_____

Name of Financial Institution_____

Routing Number of Financial Institution_____

Check One: Secondary Account II (10th paycheck only)

_____**New** _____**Change** _____**Cancel Direct Deposit**

Amount $_____

_____Checking Deposit Checking Account Number_____

_____Savings Deposit Savings Account Number_____

Name of Financial Institution_____

Routing Number of Financial Institution_____

_____ _____

Employee's Signature Date

Please attach voided checks (NOT deposit slip)