



**COUNTY OF PLACER
OFFICE OF AUDITOR-CONTROLLER
DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

Instructions:

1. Complete the applicable information, then sign and date.
2. **Attach a voided check or proper documentation provided by your bank** indicating account and routing number.
3. Send it to **Auditor-Controller / Payroll Division** via inter-office, e-mail or fax.
4. Retain copy for your records.

DIRECT DEPOSIT AUTHORIZATION AGREEMENT		
Employee Name (Please Print):	Employee ID No:	Dept.:

I would like to have my funds to be deposited to the financial institution(s) in the following order:

Account Number 1: <input type="checkbox"/> Enroll <input type="checkbox"/> Change <input type="checkbox"/> No Change <input type="checkbox"/> Cancel Direct Deposit			
Account type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Bank Name:			
Routing Number:		Account Number:	
Deposit Amount: % OR \$ (Flat Amount) OR <input type="checkbox"/> Balance of Net			

Account Number 2: <input type="checkbox"/> Enroll <input type="checkbox"/> Change <input type="checkbox"/> No Change <input type="checkbox"/> Cancel Direct Deposit			
Account type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Bank Name:			
Routing Number:		Account Number:	
Deposit Amount: % OR \$ (Flat Amount) OR <input type="checkbox"/> Balance of Net			

Account Number 3: <input type="checkbox"/> Enroll <input type="checkbox"/> Change <input type="checkbox"/> No Change <input type="checkbox"/> Cancel Direct Deposit			
Account type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Bank Name:			
Routing Number:		Account Number:	
Deposit Amount: % OR \$ (Flat Amount) OR <input type="checkbox"/> Balance of Net			

I authorize PLACER COUNTY, hereinafter called COUNTY, to initiate credits (and/or corrections to previous credits) to the financial institutions designated above. I understand that I will receive a payroll check during the **PRE-NOTIFICATION** process of the first pay cycle. This **"PRE-NOTE"** process is a test run to validate Bank ID and account number. This authorization will remain in effect until I give written notice to the COUNTY either to change or terminate this authorization.

_____ **Employee Signature**

_____ **Date**