

## DIRECT DEPOSIT AUTHORIZATION AGREEMENT

 **Enroll**
 **Change**
 **Cancel direct deposits**

**Directions:**

- (1) Complete the applicable information.
- (2) Print form.
- (3) Sign authorization.
- (4) Attach necessary documentation.
- (5) Send original to **Auditor-Controller / Payroll Division**.
- (6) Retain copy for your records.

Note: You can have up to three direct deposits.

Employee Name (Please Print)	Employee I.D. No:
	Department Name/Phone:

I would like my wages/salary deposited to the financial institution(s) in the following order:

<i>Account 1:</i>	<i>Account 2:</i>	<i>Account 3:</i>
<b><i>Institution Name:</i></b>	<b><i>Institution Name:</i></b>	<b><i>Institution Name:</i></b>
<b><i>Type of Account:</i></b> <small>(Checking, Saving, Other)</small>	<b><i>Type of Account:</i></b> <small>(Checking, Saving, Other)</small>	<b><i>Type of Account:</i></b> <small>(Checking, Saving, Other)</small>
<b><i>Select one:</i></b> <small>(Entire Net, % of Net, Specific Amount, Balance of Net)</small>	<b><i>Select one:</i></b> <small>(Entire Net, % of Net, Specific Amount, Balance of Net)</small>	<b><i>Select one:</i></b> <small>(Entire Net, % of Net, Specific Amount, Balance of Net)</small>
<b><i>Percent or Amount:</i></b>	<b><i>Percent or Amount:</i></b>	<b><i>Percent or Amount:</i></b>

**The numbers on the bottom of your check are used by the County Payroll Division to make the electronic funds transfer of your payroll directly to your checking account.**

Attach voided check, bank letter, or specification sheet for all applicable accounts. Deposit slips will not be accepted.

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 prenotification process of the first pay cycle. This "prenote" process is a test run to validate the Bank ID and account numbers. This authorization will remain in effect until I give written notice to the COUNTY either to change or terminate this authorization.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Payroll Use Only**

Account No \_\_\_\_\_ Routing/Transit No \_\_\_\_\_

Account No \_\_\_\_\_ Routing/Transit No \_\_\_\_\_

Account No \_\_\_\_\_ Routing/Transit No \_\_\_\_\_

DISTRIBUTION: WHITE: Payroll YELLOW: Employee Retains