

**DIRECT DEPOSIT**

**ENROLLMENT AUTHORIZATION**

➤ **COMPLETION INSTRUCTIONS AND PRIVACY NOTICE ARE ON THE BACK OF THIS FORM. PLEASE TYPE OR USE BALL POINT PEN – PRINT CLEARLY.**

This authorization remains in full force and effect until the District or the County of Sacramento receives written notification from the employee of its termination, or until the Sacramento County Department of Finance, Auditor/Controller Division deems it necessary to terminate the agreement.

**SECTION A (To be completed by employee)**

<b>1. TYPE OF ENROLLMENT ACTION:</b> 1. <input type="checkbox"/> NEW SECTIONS A, B, AND C MUST BE COMPLETED 2. <input type="checkbox"/> CHANGE SECTIONS A, B, AND C MUST BE COMPLETED 3. <input type="checkbox"/> CANCEL SECTIONS A, AND D MUST BE COMPLETED	<b>2. SMFD Employee ID #</b>	<b>Department/District</b> <b>Sacramento Metro Fire District</b>	
	<b>4. Name (First Middle Initial Last)</b>		
	<b>5. Work Phone</b>		<b>Home Phone</b>

**SECTION B (To be completed by employee if NEW or CHANGE box in Section A is checked)**

For Each Account, Attach Voided Check/Verify Routing/Depositor Numbers with Financial Institution					
	1. Dollar amount or 'NET'	2. Type of account (Checking or Savings)*	3. Routing Number (see reverse)	4. Depositor Account Number (see reverse)	5. Financial Institution Name and Address
First		C <input type="checkbox"/> S <input type="checkbox"/>			
Second		C <input type="checkbox"/> S <input type="checkbox"/>			
Third		C <input type="checkbox"/> S <input type="checkbox"/>			

\*If left blank, will be processed as checking account.

**SECTION C (To be completed by employee if NEW or CHANGE box in Section A is checked)**

1. CHECK APPROPRIATE BOX

In signing this form I authorize Ingentra HR Services on behalf of Sacramento County, Department of Finance, Auditor/Controller Division to send the amount(s) listed in Section B of this form to the financial institution(s) named above for deposit to the designated account(s). If at any time the amount of salary or wages so deposited exceeds the amount of salary or wages actually due and payable to me, I hereby authorize Sacramento County, to either:

a) Withhold a sum equal to the overpayment from future salary or wages; or

b) Recover such overpayment from the above-designated account.

If the County is legally obligated to withhold any part of my wage or salary payment for any reason, or if I no longer meet eligibility requirements for the Deposit program, I understand Sacramento County, may terminate my enrollment in the program. If any action taken by me results in Direct non acceptance of a direct deposit by the designated financial institution, I understand that the County assumes no responsibility for processing a supplemental salary or wage payment until the amount of the nonacceptance deposit is returned to the County by the financial institution.

SIGNATURE	DATE
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**SECTION D (To be completed by employee if CANCEL box in Section A is checked)**

<input type="checkbox"/> I hereby cancel my Direct Deposit authorization.	SIGNATURE	DATE
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*Attach voided check(s) here.*

PLEASE READ THIS INFORMATION CAREFULLY

**COMPLETION INSTRUCTIONS**

1. To sign up for Direct Deposit of your payroll checks, complete this form as follows:

General Instructions

- Complete Sections A, B and C if you are enrolling for the first time, re-enrolling after cancellation, or changing your existing Direct Deposit information.
- Complete Sections A and D only if you are canceling your enrollment.
- Asks your Department payroll clerk if you have any questions.

Specific Instructions

▪ Section A – (Item 1) Type of Enrollment Action


New – Complete for new enrollment or re-enrollment after cancellation.  
 Change – Complete to change type of account, financial institution or branch (routing number), or depositor account number.  
 Cancel – Complete to cancel your Direct Deposit.

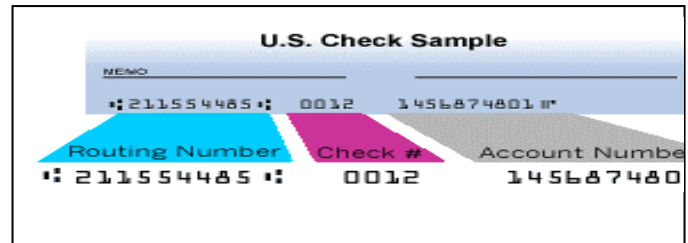
- Section B – (Item 1) For each account, up to a maximum of three, indicate a specific dollar amount or a percentage of the total Direct Deposit amount.  
 (Item 2) Indicate checking or savings. Only one box must be checked. If left blank, it will be processed as checking.  
 (Item 3) Enter Routing Number (see below).  
 (Item 4) Enter Account Number (see below).  
 (Item 5) Enter name and address of financial institution.

**Bank Routing Number**

This symbol is the number located between the  symbols.

**Bank Account Number**

(Comes before ) its exact location and number of digits can vary from bank to bank.



**IMPORTANT:** PLEASE VERIFY YOUR DEPOSIT ACCOUNT NUMBER AND ROUTING NUMBER WITH YOUR FINANCIAL INSTITUTION.

2. Return the completed original form and a voided check (that is pre-printed with your name, address, and account number with the word **VOID** written across it) to your department payroll clerk.
3. This request must be provided to your district payroll clerk no later than 14 days prior to their payroll run. Requests received later than the deadline will not be effective until the next scheduled payday. During the periods when direct deposits are made you will receive a paper warrant in lieu of a check.

**DIRECT DEPOSIT POSTING DATES**

While most financial institutions post funds to accounts at the beginning of the bank business day, this is not a universal practice. Some institutions post funds in the afternoon instead of the morning. It is strongly recommended that you check with your financial institution to determine when your funds will be available.

**CHANGING FINANCIAL INSTITUTION OR DEPOSITOR ACCOUNTS**

Your Direct Deposit will continue to be deposited into your designated account at your financial institution until the Sacramento County department HR office is notified that you wish to redesignate your account and/or your financial institution. To redesignate, complete and submit a new form with the new information. **DO NOT CLOSE YOUR OLD ACCOUNT UNTIL YOUR FIRST PAYMENT IS DEPOSITED INTO YOUR NEWLY DESIGNATED ACCOUNT AND/OR FINANCIAL INSTITUTION.** This request must be provided to your district payroll clerk no later than 14 days prior to their payroll run. Requests received later than the deadline will not be effective until the next scheduled payday. During the periods when direct deposits are made you will receive a paper warrant in lieu of a check.

**PRIVACY NOTICE**

The Information Practices Act of 1977 (Civil Code Section 1798.17) requires that this notice be provided when collecting personal information from individuals. Information requested on this form is used by Sacramento County for the purposes of identification and enrollment processing. It is mandatory to furnish all information requested on this form except for financial institution name, address and branch number or name. Failure to provide the mandatory information may result in the enrollment action not being processed or being processed incorrectly.

Copies of the Enrollment Authorization are maintained in confidential personnel files of the department Human Resources office. Employees have the right of access to copies of their Enrollment Authorization forms upon request.