Dr. Jorge O. Ayala, Superintendent

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

To Be Completed by Employee

Employee Name:_____ SS# _____

Checking: _____ Savings: _____ New Set up:_____ Change Account: _____

By signing this form I hereby appoint the Yolo County Office of Education to issue warrants due or soon to become due for deposit to my account as identified by the financial institution information provided. I hereby acknowledge the following:

1. A pre-notification (pre-note) is always sent to the bank prior to activating the deposit with actual funds. A pre-note is the initial test of the Transit/ABA/Check Digit and Account Number, and is performed for the employees protection. It will be at least two months before the electronic banking deposit takes effect.

2. Electronic Banking (Direct Deposit) funds are deposited on the last working day of each month.

3. I understand if I close my account, it is **my responsibility** to notify the payroll office in writing of this action ten days prior to my next pay date. Failure to do so, will result in the bank rejecting the deposit and may take several banking days to resolve. A replacement payroll warrant will not be available until the original funds are received back from the bank.

4. I authorize my employer to send correcting entries through the bank's selected ACH processor to correct any erroneous credit entries previously initiated by my employer.

5. This authorization will remain in effect until I give written notice to my employer either to change or terminate this authorization.

Employee Signature _____ Date _____ School District _____

ATTACH VOIDED CHECK BELOW - DO NOT USE DEPOSIT SLIPS
If savings account financial institution provide:

Name & Address of Institution:_____

Account #_____ Transit #_____

YCOE Only:
Rec'vd:_____
Entered:_____
Initials:_____

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