

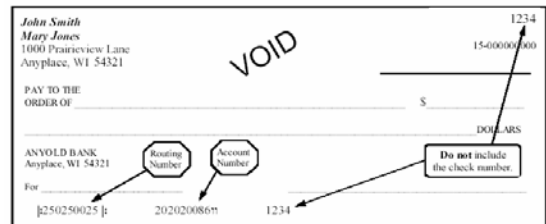
PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

Initial Request
 Change
 Cancel

Employee Name: _____

Employee ID#: _____

- **Checking account:** For verification purposes, please attach a voided check to this form.
- **Savings account:** Contact your financial institution to obtain its transit routing number.



- Please read and return this completed form to the Payroll Office.
- Direct deposit goes into effect the following month after the initial request is processed.
- Issue dates (pay dates) for direct deposit are the last working day of the month (the last day that the San Mateo County Community College District Offices are open for business in the month).
- Employee recognizes that there could be a delay in the deposit to his/her account and that Employer is responsible only for transmitting net pay to paying bank designated by County Treasurer. Employer assumes no responsibility beyond that point.
- Employer may remove an employee from direct deposit when payment must be stopped to ensure compliance with legal requirements. Examples are: lack of valid credentials; salary attachments, etc.

NAME ON ACCOUNT	TRANSIT/ABA NUMBER	ACCOUNT NUMBER	ACCOUNT TYPE: Checking/Savings	AMOUNT
				Remaining Net Pay Balance will be deposit to this account.

I hereby authorize the school district named above, hereinafter called EMPLOYER, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my indicated account and the depository institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

This authorization is to remain in effect until the EMPLOYER has received written notification from me of its termination in such time and in such manner as to afford EMPLOYER and DEPOSITORY a reasonable opportunity to act on it.

I have read and agree to the foregoing.

Employee Signature: _____

Date: _____