Mendocino County Office of Education

Automatic Deposit Authorization Agreement

I, _____ employee of_____
(Print Employee Name) *(District Name)*

hereby authorize my employing district through the Mendocino County Office of Education and the financial institution(s) indicated below, to deposit payments designated to my account(s). I shall hold harmless and indemnify the Mendocino County Office of Education, herein after referred to as the Superintendent, and its officers and employees from any claim or demand of whatever nature; including those based upon negligence of the Superintendent, its officers and employees, brought by any person, including any bank institution against the Superintendent in its capacity concerning the Payroll/Accounts Payable Reimbursement check disposition provided by the Superintendent. *I understand that all advices of deposits are sent to my work email address unless I request a printed copy.*

I understand it is my responsibility to ensure that my net check has been properly credited to my account(s) before issuing checks against the account(s). If funds to which I am not entitled are deposited, I hereby authorize the Superintendent to direct the financial institution to return such funds or to request a "stop payment" of the Direct Deposit and to issue a check for the correct amount. Electronic fund transfers take effect on the second pay period after this form has been processed to allow for a successful prenote test through the banking system. This completed request is effective from the date signed below until I have signed the cancellation section on the reverse of this document.

_____ _____ _____
Date *Employee ID* *Employee Signature*

_____ _____
Date *Superintendent's or Designee's Signature*

Account Information – Payroll Direct Deposit

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form. Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net pay.

1. Bank Name/City/State: _____

   Routing Transit #:_ _ _ _ _ _ _ _ _ _ Account Number: _____

   ☐ Checking ☐ Savings I wish to deposit: $_____._____ or _____% or ☐ Entire Net Amount

2. Bank Name/City/State: _____

   Routing Transit #:_ _ _ _ _ _ _ _ _ _ Account Number: _____

   ☐ Checking ☐ Savings I wish to deposit: $_____._____ or _____% or ☐ Remaining Net Amount

3. Bank Name/City/State: _____

   Routing Transit #:_ _ _ _ _ _ _ _ _ _ Account Number: _____

   ☐ Checking ☐ Savings I wish to deposit: $_____._____ or _____% or ☐ Remaining Net Amount

Account Information – Accounts Payable Reimbursement Direct Deposit

Accounts Payable reimbursements will be deposited into the number one (1) bank account as listed above. Unless noted otherwise.

Attach confirming documents on the reverse side.

ATTACH INFORMATION HERE

For **deposits to checking accounts**, ATTACH A VOIDED PREPRINTED CHECK.
(Deposit slips are NOT acceptable.)

For **deposits to savings accounts**, ATTACH A NOTICE OF YOUR ACCOUNT NUMBER from your financial institution.

PLEASE NOTE: For **deposits to accounts that do not bear your name**, you must also ATTACH AN AUTHORIZATION LETTER from your financial institution stating they will accept an ACH to the account that does not bear your name.

Stop do not continue. For cancellation of direct deposit only.

DIRECT DEPOSIT CANCELLATION

I, _____ hereby request that direct deposits to the following account
(Print Employee Name)

number(s) be discontinued effective on pay period after receipt of this request by the Mendocino County Office of Education.

Bank Name/City/State: _____

Routing Transit #:_ _ _ _ _ _ _ _ _ Account Number: _____

Bank Name/City/State: _____

Routing Transit #:_ _ _ _ _ _ _ _ _ Account Number: _____

Bank Name/City/State: _____

Routing Transit #:_ _ _ _ _ _ _ _ _ Account Number: _____

_____ _____
Date *Employee's Signature*