## DIRECT DEPOSIT AUTHORIZATION AGREEMENT To be completed by employee Begin Deposit \_\_\_\_ Change Information \_\_\_\_ Cancel Deposit \_\_\_\_ Split Deposit Between Accts. Employee Name: ID # ATTACH VOIDED CHECK HERE **DO NOT USE A DEPOSIT SLIP** The numbers on the bottom of your voided check are used by payroll to make the electronic funds transfer directly to your account. IF YOU ARE SPLITTING A DEPOSIT, PLEASE INDICATE THE DOLLAR AMOUNT or PERCENTAGE BELOW: **Primary Account: Secondary Account:** I authorize Placer County Office of Education in initiate credits (and/or corrections to previous credits) to the financial institution designated above. I understand the direct deposit will be initiated the month following the month in which I sign up, to allow for a test deposit at the end of the first month. This authorization will remain in effect until I give written notice to the Placer County Office of Education either to change or terminate this authorization. Employee's Signature Date THIS AREA TO BE COMPLETED BY PAYROLL (If adding to an existing direct deposit use 2<sup>nd</sup> routing/account area) d Check Digit 2<sup>ND</sup> Transit Routing Number and Check Digit 1<sup>ST</sup> Transit Routing Number and Check Digit 1<sup>st</sup> Account Number 2<sup>nd</sup> Account Number