

GLENN COUNTY OFFICE OF EDUCATION

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I, \_\_\_\_\_ employee of  
(Print Employee Name)

\_\_\_\_\_ hereby authorize the Glenn County Office of Education  
(District Name)  
and the financial institution(s) shown below, to directly deposit the amount I have indicated into my account(s). I understand that no later than 1/2023, all advices of deposit will be available through the employee portal unless I request a printed copy. If funds to which I am not entitled are deposited, I hereby authorize the Glenn County Office of Education either to direct the financial institution to return such funds, or to request a "stop payment" of the Direct Deposit and to issue a warrant for the correct amount. **The authority will remain in effect until I have signed the CANCELLATION section below, or have terminated from the district.**

\_\_\_\_\_  
(Employee's Signature)

\_\_\_\_\_  
(Employee ID No.)

\_\_\_\_\_  
(Date)

Bank Name	Name on Account	Account #	Amount or Percent	(C)hecking or (S)avings
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ATTACH INFORMATION HERE

ATTACH A VOIDED PREPRINTED CHECK,  
and/or A NOTICE OF YOUR ACCOUNT NUMBER from your financial institution.

\_\_\_\_\_  
(Initials/Date Processed by District)

DIRECT DEPOSIT CANCELLATION

I, \_\_\_\_\_ employee of  
(Print Employee Name)

\_\_\_\_\_ hereby request that Direct Deposits to my accounts(s) previously  
(District Name)  
authorized by the Direct Deposit Authorization Agreement be discontinued effective one pay period after receipt of this request by the above-mentioned school district.

\_\_\_\_\_  
(Employee's Signature)

\_\_\_\_\_  
(Employee ID No.)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date Processed by District)