



Siskiyou County Office of Education
Allan S. Carver, County Superintendent
609 South Gold Street
Yreka CA 96097
Phone - (530) 842-8400
Fax - (530) 842-8436

Automatic Payroll Deposit (APD) Enrollment Agreement

Name: _____

District/ Work Site: _____ Contact Phone: _____

Deposit Instructions: ☐ NEW APD Set-Up
Pre-Note Needed (See #2 below) ☐ CHANGE Bank Accounts
Pre-Note Needed (See #2 below) ☐ CANCELLATION OF APD
☐ CANCELLATION BY DISTRICT
(Employee Terminated)

I understand:

1. I hereby authorize the Siskiyou County Office of Education to initiate electronic deposits via the Automated Clearing House (ACH).
A pre-notification (pre-note) is always sent prior to activating the deposit with real dollars. A pre-note is the initial test of the
2. Transit/ABA/Check Digit and Account Number. A test is always done prior to actual dollars being sent. It is for the employee's protection that we do a pre-note service. It will be at least one payroll before electronic banking takes effect.
3. Electronic Banking (Direct Deposit) funds are deposited on the last working day of each month.
4. Automatic Pay Deposit is not available on the supplemental payroll runs.
5. I understand that 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.
If I fail to notify the payroll office prior to my payroll being processed, the bank will reject my direct deposit and reroute it back to the
6. Siskiyou County Office of Education. This return process may take several banking days. Participants in the program agree that if this happens they will wait for the funds to be received by the Siskiyou County Office of Education before receiving a payroll warrant.
7. I understand that upon termination of my employment, my direct deposit will be stopped and I will receive a warrant for my final pay.
8. The submission and acceptance of this authorization supersedes any previously submitted direct deposit authorization(s).

Signature: _____ Date: _____

- ✓ IF DEPOSITING TO A CHECKING/SHARE DRAFT ACCOUNT, ATTACH A VOIDED CHECK TO THIS FORM.
- ✓ IF DEPOSITING TO A SAVINGS ACCOUNT, YOUR FINANCIAL INSTITUTION WILL PROVIDE TO YOU A TRANSIT ROUTING NUMBER. PLEASE SUBMIT THIS ROUTING NUMBER WITH THE COMPLETED APD.

Attach a
VOIDED
blank check
here:
(If required.)

Jane A. Doe 100
1000 Main Street
Anywhere, USA 10001
PAY TO THE ORDER OF \$ _____
_____ DOLLARS
Memo: _____
I: 122233344 I: 999111122 100
(Transit Routing No.) (Account No.) (Check No.)

Siskiyou County Office of Education Use Only

Received: _____ Entered: _____ Initials: _____