Employee Authorization for **PAPERLESS** Auto-Pay Deposit (APD)

Part 1
Employee Information

Please check the appropriate box:
☐ New ☐ Change (financial institution, account number, or type of account) ☐ Cancel

Name | Social Security #

Street Address | City | State | Zip Code

Part 2
Check Stub

☐ Print APD Check Stub (DO NOT Check if you want paperless APD)

Part 3
Banking Information

Direct Deposit into Bank Account: ☐ Checking ☐ Savings

ATTACH VOIDED CHECK OR FINANCIAL INSTITUTION'S DIRECT DEPOSIT AUTHORIZATION FORM

Name of Financial Institution | Branch

Part 4
Authorization

I hereby authorize the El Dorado County Office of Education on behalf of Lake Tahoe USD (school district) to initiate credits to the Financial Institution indicated above, of my net check, to credit with the amounts thereof my checking/savings account indicated above.

I acknowledge that I have been notified that:

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 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 pre-note services. It may be **at least two months** before auto-pay deposits will take effect.

Initials

Dependent upon Employee payroll schedule, auto-pay funds are deposited by the 10th day of the month or by the last working day of each month.

Initials

I understand that if I close my bank account it is my responsibility to notify the Employer of this action, and, if appropriate, provide my bank account number.

Initials

I authorize the Employer to send Correcting Entries through the bank's selected ACH processor to correct an erroneous credit entry previously initiated by the Employer to my account.

Initials

This authorization is to remain in full force and effect until you have received written notification from me of its termination in such time and such manner as to afford the El Dorado County Office of Education and my financial institution a reasonable opportunity to act on it.

Print Name | Lake Tahoe USD (School District)

Authorized Signature | Date

Part 5
District Verification

Employee Verification Method (check one):

☐ Driver's License, District Employee Identification Card, etc.
☐ Personal Knowledge of Employee
☐ Other Form of Identification (please specify) _____

The undersigned has verified that the Employee presenting the attached APD application to the District has been identified as the individual indicated on the form and employee. The authorized district signor below has verified the employee is eligible to participate in paperless APD unless indicated in Part 2.

District Administrator/Superintendent's Designee | Date