

## Return this form to your district payroll or human resources department

## **Authorization for Payroll Direct Deposit**

Participating in Payroll Direct Deposit service is voluntary. By signing this agreement, I authorize the Santa Barbara County Education Office (SBCEO) and/or my employer to automatically deposit my net pay into my account each regular payday and, as necessary, make corrections to previous deposits. I understand that:

## Attach account document here

- Payroll direct deposit service takes effect one month after a successful preauthorization. For example, if submission of the preauthorization takes place in August, I will receive a warrant (check) in August and my payroll direct deposit service will begin in September, unless the preauthorization test fails.
- My direct deposit service may be suspended or rescinded by my employer or SBCEO, if necessary, to meet payroll
  deadlines or due to other conditions.
- I am responsible for a court ordered withholding amount, even if the amount is not deducted from my direct deposit.
- My direct deposit service will stop if my position requires a credential and if I have not renewed my expiring credential
  at least 30 days prior to the next payroll.
- It is my responsibility to notify my employer if I close my account; and, if my deposit cannot be credited to my closed account, I agree to wait until my employer receives the returned funds before receiving payment. This may take seven banking days.
- It is my responsibility to ensure that my net pay is properly credited to my account before issuing any debits against my
  account.
- My bank has until the close of the deposit date to place funds in my account.

I agree to hold harmless and indemnify my employer and SBCEO, and their employees, from any claim or demand of whatever nature, including those based upon negligence, brought by any person, including any financial institution, for failure or delay in making deposits and/or corrections to deposits as herein authorized.

This authorization replaces any previously made by me and remains in effect until I cancel or submit a new authorization.

Employee Name	Employee ID # or Last 4 digits o	
Employee Signature	Date	New Change Cancel
Please enter your e-mail address for direct depos	sit:	
<ul> <li>Attach a voided check or bank sta because the routing numbers are</li> </ul>		nt and routing numbers. Do not attach a deposit slip
<ul> <li>Amounts, percentages, remaining</li> </ul>	g balance, or ALL of Net pay ar	e applied in a specific order (1-3).
<ul> <li>Distribution of net pay may be se</li> <li>(1) Deposit \$50 with the Teachers</li> <li>(2) Deposit \$75 with Coast Hills</li> <li>(3) Deposit ENTIRE or Remaining</li> </ul>	' credit union	nstitutions or just one. For example:
1.  Name of banking institution	Checking or Savings	Amount \$ or Percent % of net pay
2	Checking or Savings	Amount \$ or Percent % of net pay
Name of banking institution		$\checkmark$
Name of banking institution	Checking or Savings	ENTIRE net pay or Remaining Balance