



Employee Authorization of Automatic Payroll Deposit

I hereby authorize the San Lorenzo Valley Unified School District to automatically deposit my net pay to the account(s) designated below. This authorization is effective until I cancel my direct deposit, by delivering written notice of cancellation to the above mentioned district.

<u>Account #1</u>		<u>PRIMARY ACCOUNT</u>
Financial Institution:	_____	Balance of Net Pay _____
		<u>Select One</u>
Routing Number:	_____	<input type="checkbox"/> Checking (Attach Voided Check)
Account Number:	_____	<input type="checkbox"/> Savings
<u>ADDITIONAL BANK ACCOUNTS</u>		
<u>Account #2</u>		
Financial Institution:	_____	Amount \$ _____
		<u>Select One</u>
Routing Number:	_____	<input type="checkbox"/> Checking (Attach Voided Check)
Account Number:	_____	<input type="checkbox"/> Savings
<u>Account #3</u>		
Financial Institution:	_____	Amount \$ _____
		<u>Select One</u>
Routing Number:	_____	<input type="checkbox"/> Checking (Attach Voided Check)
Account Number:	_____	<input type="checkbox"/> Savings
<u>Account #4</u>		
Financial Institution:	_____	Amount \$ _____
		<u>Select One</u>
Routing Number:	_____	<input type="checkbox"/> Checking (Attach Voided Check)
Account Number:	_____	<input type="checkbox"/> Savings

In signing this form, the employee shall hold harmless the Santa Cruz County Office of Education/your District, for the entire Automatic Payroll Deposit process of any and all payroll warrants. **The Santa Cruz County Office of Education/your district cannot be held responsible if your deposit is not credited to your bank account on payday.** It is the responsibility of the employee to submit the correct information that will result in the automatic deposit of funds to the proper account. If funds to which I am not entitled are deposited, I hereby authorize the Santa Cruz County Office of Education either to direct the financial institution to debit and/or correct the amounts to my account.

Employee's Legal Name: _____
Last First MI

Signature _____ Date _____

Employee's Social Security Number*** XXX-XX-____

*** Authorization WILL NOT BE PROCESSED without the last four digits of your Social Security Number

District Office Use

Date Received: _____ Date Entered Into System: _____ Initials: _____