



Monterey County Office of Education
 901 Blanco Circle - P. O. Box 80851
 Salinas, California 93912

Automatic Deposits Authorization

Date _____

RETURN TO YOUR PAYROLL DEPARTMENT IN YOUR DISTRICT

Form must have the following information:

Identification Information

- Employees name
- Mailing address
- Signature and date
- A voided check from your account

Account Information

- Name and branch of financial institution
- Type of account (checking or savings)
- Financial institution identification numbers
- Account number

Authorization Statements

- Authorization to initiate automatic deposits and corrections to automatic deposits.
- Authorization to remain in effect until revoked or employee leaves District.

Optional Information

- Dollar amount of deposit to authorized account (may be a set figure or a range).
- Individual's social security number.

I hereby authorize Monterey County Office of Education to deposit my entire payroll warrant (and/or corrections to the previous credits) to the institution indicated below. The institution is authorized to credit and/or correct the amounts to my account.

Financial Institution (Bank, Savings & Loan, Credit Union)	Account No.	Type of Account <input type="checkbox"/> Checking/Share Draft <input type="checkbox"/> Savings
Address		City, State, Zip Code

Attach voided check here

FINANCIAL INSTITUTION ROUTING NUMBERS 	<u>FOR DISTRICT USE ONLY</u> ACCOUNT NUMBER INFORMATION
<p>NOTE: When completing account number information, insert a hyphen (-) for each Dash Cue Symbol (ir) contained in the hold</p>	

NOTE: The automatic deposit authorization becomes effective with the 2nd payroll issued after the effective date to allow for bank account verification.

The authority is to remain in full force and effect until I revoke it in writing in such time (10 days) and such manner as to afford the Office of Education a reasonable opportunity to act on it, or upon termination of my employment from the District. Upon cancellation, **NORIFY YOUR DISTRICT PAYROLL DEPARTMENT. PLEASE RETURN THIS FORM DIRECTLY TO YOUR DISTRICT PAYROLL DEPARTMENT FOR PROCESSING.**

Name	Social Security Number
Street Address	City, State, Zip Code
AUTHORIZING SIGNATURE	Date