

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

Name of banking institution

- 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- My direct deposit service may be suspended or rescinded by my employer or SBCEO, if necessary, to meet payroll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 of SS	Employer New Change Cancel
Employee Signature	Date	
Please enter your e-mail address for direct de	eposit:	
	s statement displaying your account a are incomplete on this document.	and routing numbers. Do not attach a deposit slip
 Amounts, percentages, remai 	ning balance, or ALL of Net pay are a	ipplied in a specific order (1-3).
(1) Deposit \$50 with the Teacl (2) Deposit \$75 with Coast Hil		itutions or just one. For example:
1	Checking or Savings	Amount \$ or Percent % of net pay
2.	<u>Checking or Savings</u>	Amount \$ or Percent % of net pay
Name of banking institution		
3	Checking or Savings I	ENTIRE net pay or Remaining Balance