

Employee Authorization for Auto-Pay Deposit (APD)

Part 1 – Employee Information	Please check the appropriate box: <input type="checkbox"/> New <input type="checkbox"/> Change (financial institution, account number, or type of account) <input type="checkbox"/> Cancel		
	Name _____		Social Security # _____
	Street Address _____	City _____	State _____ Zip Code _____
Part 2 – Deposit Method	Direct Deposit into Bank Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings		<input type="checkbox"/> Reserved for Future Use
	ATTACH VOIDED CHECK OR FINANCIAL INSTITUTION'S DIRECT DEPOSIT AUTHORIZATION FORM		
Part 3 – Banking Information	Name of Financial Institution _____		Branch _____
	Financial Institution Routing # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Account # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Part 4 – Authorization	I hereby authorize the El Dorado County Office of Education on behalf of _____ 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 a pre-note services. It may be at least two months before the auto-pay deposits will take effect.		
	Initials _____	Auto-pay deposit funds are deposited on the last working day of each month.	
	Initials _____	I understand that if I close my bank account it is my responsibility to notify my 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 _____	School District _____	
	Authorized Signature _____	Date _____	