



DIRECT DEPOSIT ENROLLMENT AUTHORIZATION

Revised 7/05/23

Please type or use ball point pen – print clearly.

REGULAR EMPLOYEE
 SUBSTITUTE OR SHORT TERM

SECTION A

NEW ENROLLMENTS/CHANGES REQUIRE A PRENOTIFICATION. A pre-note test transaction is sent to the bank to make sure the account information is valid before setting up direct deposit. During this process, a paper warrant will be issued & mailed to the address on file.

TYPE OF ENROLLMENT ACTION 1. <input type="checkbox"/> NEW SECTIONS A, B, C and D MUST BE COMPLETED 2. <input type="checkbox"/> CHANGE SECTIONS A, B, C and D MUST BE COMPLETED 3. <input type="checkbox"/> CANCEL SECTIONS A AND D MUST BE COMPLETED	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: none;">NAME</td> <td style="border: none;">(First</td> <td style="border: none;">Middle</td> <td style="border: none;">Last)</td> </tr> <tr> <td colspan="4" style="border: none;">ADDRESS</td> </tr> <tr> <td colspan="4" style="border: none;">PHONE</td> </tr> </table>	NAME	(First	Middle	Last)	ADDRESS				PHONE			
NAME	(First	Middle	Last)										
ADDRESS													
PHONE													

SECTION B

Attach a personalized **PRE-PRINTED VOIDED CHECK FOR EACH SEPARATE ACCOUNT**. If you do not have checks or your direct deposit is going to a savings account, please attach a letter on your financial institution letterhead with your pre-printed name, account number and transit number with a bank representative signature.

(Bank Account Number)	_____ % (100% = Net Check)	or \$ _____ (Flat Amount)	<input type="checkbox"/> Checking OR <input type="checkbox"/> Savings
(Bank Account Number)	_____ % (100% = Net Check)	or \$ _____ (Flat Amount)	<input type="checkbox"/> Checking OR <input type="checkbox"/> Savings
(Bank Account Number)	_____ % (100% = Net Check)	or \$ _____ (Flat Amount)	<input type="checkbox"/> Checking OR <input type="checkbox"/> Savings
(Bank Account Number)	_____ % (100% = Net Check)	or \$ _____ (Flat Amount)	<input type="checkbox"/> Checking OR <input type="checkbox"/> Savings

SECTION C

This authorization remains in full force and effect until SCSOS has received written notification from the employee of its cancellation.

For permanent employees, direct deposit will be cancelled upon termination of employment. Those employees will receive a paper warrant for final pay.

I hereby agree that I WILL NOT have SCSOS direct deposit any of my funds to either a foreign bank account or to a U.S. bank and then have the entire amount forwarded to a bank account in another country.

I hereby authorize SCSOS to provide direct deposit of any salary or wages due me, less any mandatory or authorized withholding or deductions there from, in the above designated account. If at any time the amount of salary or wages so deposited exceeds the amount of salary or wages actually due and payable to me, I hereby authorize SCSOS to either:

- (a) Withhold a sum equal to the overpayment from future salary or wages; or
- (b) Recover such overpayment from the above-designated account.

If SCSOS is legally obligated to withhold any part of my wage or salary payment for any reason, or if I no longer meet eligibility requirements for the Direct Deposit program, I understand SCSOS may terminate my enrollment in the program. **If ANY action taken by me or my bank results in non acceptance of a direct deposit by the designated financial institution, I understand that SCSOS assumes NO RESPONSIBILITY for processing a supplemental salary or wage payment UNTIL the amount of the non acceptance deposit is returned to the Sutter County Auditor's Office by the financial institution.**

I HAVE READ, UNDERSTAND, AND ACCEPT THE ABOVE PROCEDURES AND DO HEREBY AGREE TO VOLUNTARILY PARTICIPATE IN THE SUTTER COUNTY SUPERINTENDENT OF SCHOOLS DIRECT DEPOSIT PROGRAM AND AGREE TO RECEIVE PAPERLESS STATEMENTS UNDER THESE TERMS.

SIGNATURE 	DATE
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