SUTTER COUNTY Superintendent of Schools

DIRECT DEPOSIT ENROLLMENT AUTHORIZATION

Revised 07/31/2019

Please type or use ball point pen – print clearly.

☐ **REGULAR EMPLOYEE** ☐ **SUBSTITUTE OR SHORT TERM**

SECTION A

NEW ENROLLMENTS/CHANGES REQUIRE A PRE-NOTE AUTHORIZATION. PAPER WARRANTS WILL BE ISSUED & MAILED DURING THIS PROCESS.

TYPE OF ENROLLMENT ACTION		EMPLOYEE ID NUMBER
1. ☐ NEW	SECTIONS A, B, C and D MUST BE COMPLETED	NAME (First Middle Last)
2. ☐ CHANGE	SECTIONS A, B, C and D MUST BE COMPLETED	ADDRESS
3. ☐ CANCEL	SECTIONS A AND D MUST BE COMPLETED	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 name, account number and transit number with a bank representative signature.

_____ _____% or $_____ ☐ Checking OR ☐ Savings
(Bank Account Number) (100% = Net Check) (Flat Amount)

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(Bank Account Number) (100% = Net Check) (Flat Amount)

SECTION C

By selecting Direct Deposit, I agree to enrollment in each district listed below. Furthermore, I understand that each district will require a separate **PRENOTE** authorization.

BRITTAN (08)	**NUESTRO (20)**
BROWNS (09)	**PLEASANT GROVE (21)**
EAST NICOLAUS (26)	**SUTTER COUNTY SUPERINTENDENT OF SCHOOLS (05)**
FRANKLIN (12)	**SUTTER HIGH (28)**
LIVE OAK (31)	**TWIN RIVERS CHARTER (38)**
MARCUM – ILLINOIS (17)	**WINSHIP – ROBBINS (24)**
MERIDIAN (18)	**YUBA CITY UNIFIED SCHOOL DISTRICT (35)**

This authorization remains in full force and effect until SCSOS has received written notification from the employee of its cancelation. A minimum of ten days is required to cancel direct deposit prior to the next pay date.

For permanent employees, direct deposit will be cancelled upon the termination of employment. Those employees will receive a paper warrant for final pay. Substitutes are responsible for completing a form to cancel their direct deposit upon their termination.

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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