

# SANTA ROSA JUNIOR COLLEGE

## DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Employee Name \_\_\_\_\_ Employee ID \_\_\_\_\_  
Last Name                      First Name

\_\_\_\_\_ Department \_\_\_\_\_  
*Email Address- Required                      Day time Phone Number*

### PAYROLL DIRECT DEPOSIT OPTION(S)

**You MUST ATTACH a preprinted voided check, OR a letter from your banking institution, preprinted with your account number and routing number, for EACH option selected below. WE CANNOT ACCEPT DEPOSIT SLIPS.**

Option	Add	□	<b>Primary:</b> Financial Institution Name _____	Account Number: _____	Checking	□	
1	Change	□	_____				□
	Cancel	□	<b>ALL NET PAY WILL BE DEPOSITED – NO DOLLAR AMOUNT NEEDED</b>				

Option	Add	□	<b>Second:</b> Financial Institution Name _____	Account Number: _____	Checking	□	
2	Change	□	_____				□
	Cancel	□	<b>DOLLAR AMOUNT DEPOSITED EACH PAYDAY \$ _____</b>				

Option	Add	□	<b>Third:</b> Financial Institution Name _____	Account Number: _____	Checking	□	
3	Change	□	_____				□
	Cancel	□	<b>DOLLAR AMOUNT DEPOSITED EACH PAYDAY \$ _____</b>				

Option	Add	□	<b>Fourth:</b> Financial Institution Name _____	Account Number: _____	Checking	□	
4	Change	□	_____				□
	Cancel	□	<b>DOLLAR AMOUNT DEPOSITED EACH PAYDAY \$ _____</b>				

I hereby authorize SRJC and the financial institution shown above/or on the attached check to deposit my pay as indicated above. If funds to which I am not entitled are deposited, I hereby authorize SRJC or Sonoma County Office of Education either to direct the financial institution to return such funds or to determine appropriate corrective action or to request a "stop payment" of the Auto Deposit and to issue a warrant for the correct amount or I direct SRJC to adjust future earnings. This authority will remain in effect until I have signed the cancellation section below.

**\*I understand by completing this form my automatic deposit will not be effective for two payroll cycles.\***

\_\_\_\_\_ Date \_\_\_\_\_ Employee Signature

### CANCELLATION

I, \_\_\_\_\_ hereby request that direct deposits to the account number above be discontinued effective immediately after receipt of this request by the SRJC.

\_\_\_\_\_ Date \_\_\_\_\_ Employee Signature