

# SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT PAYROLL DIRECT DEPOSIT Authorization

I hereby authorize the school district named above, hereinafter called EMPLOYER, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my indicated account and the depository institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Initial Request                     
  Change                                     
  Cancel

NAME (Please Print)	EMPLOYEE ID NUMBER
DATE	SIGNATURE

TRANSIT/ABA NUMBER	ACCOUNT NUMBER
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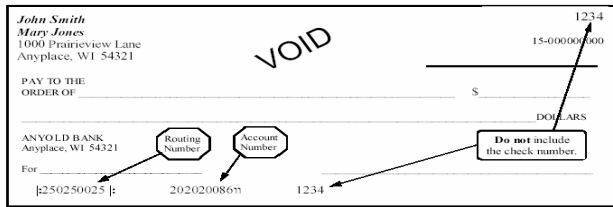
(Select one)  **Checking Account**     
 **Savings Account**     
 Amount \_\_\_\_\_

TRANSIT/ABA NUMBER	ACCOUNT NUMBER
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(Select one)  **Checking Account**     
 **Savings Account**     
 Amount \_\_\_\_\_

TRANSIT/ABA NUMBER	ACCOUNT NUMBER
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(Select one)  **Checking Account**     
 **Savings Account**     
**Remainder**  
The balance of your net pay will be deposited to this account.



### INSTRUCTIONS TO EMPLOYEE

**Checking account:** For verification purposes, please attach a voided check to the bottom of this form.

**Savings account:** Contact your financial institution to obtain its transit routing number.

Read employee information and forward to your payroll department.

This authorization is to remain in force and effect until EMPLOYER has received written notification from me of its termination in such time and in such manner as to afford EMPLOYER and DEPOSITORY a reasonable opportunity to act on it.

Issue dates (pay dates) for direct deposit are the last working day of the month (the last day that the San Mateo County Community College District Offices are open for business in the month). Employee recognizes that there could be a delay in the deposit to his/her account and that Employer is responsible only for transmitting net pay to paying bank designated by County Treasurer. Employer assumes no responsibility beyond that point. Employer may remove an employee from direct deposit when payment must be stopped to ensure compliance with legal requirements. Examples are: lack of valid credentials; salary attachments, etc.

I have read and agree to the foregoing.

Signature: \_\_\_\_\_  
Employee

\_\_\_\_\_ Date