

**Mendocino County Office of Education**  
**Automatic Deposit Authorization Agreement**  
**Payroll**

I, \_\_\_\_\_ employee of \_\_\_\_\_  
*(Print Employee Name)* *(District Name)*

hereby authorize my employing district through the Mendocino County Office of Education and the financial institution(s) indicated below, to deposit payments designated to my account(s). I shall hold harmless and indemnify the Mendocino County Office of Education, herein after referred to as the Superintendent, and its officers and employees from any claim or demand of whatever nature; including those based upon negligence of the Superintendent, its officers and employees, brought by any person, including any bank institution against the Superintendent in its capacity concerning the Payroll check disposition provided by the Superintendent.

I understand it is my responsibility to ensure that my net check has been properly credited to my account(s) before issuing checks against the account(s). If funds to which I am not entitled are deposited, I hereby authorize the Superintendent to direct the financial institution to return such funds or to request a "stop payment" of the Direct Deposit and to issue a check for the correct amount. Electronic fund transfers take effect on the second pay period after this form has been processed to allow for a successful prenote test through the banking system. This completed request is effective from the date signed below until I have signed the cancellation section on the reverse of this document.

\_\_\_\_\_  
*Date* *Employee ID* *Employee Signature*

\_\_\_\_\_  
*Date* *Superintendent's or Designee's Signature*

**Account Information - Payroll Direct Deposit**

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form. Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net pay.

1. Bank Name/City/State: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

☐ Checking ☐ Savings I wish to deposit: \$ \_\_\_\_\_ or \_\_\_\_\_ % or ☐ Entire Net Amount

2. Bank Name/City/State: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

☐ Checking ☐ Savings I wish to deposit: \$ \_\_\_\_\_ or \_\_\_\_\_ % or ☐ Remaining Net Amount

3. Bank Name/City/State: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

☐ Checking ☐ Savings I wish to deposit: \$ \_\_\_\_\_ or \_\_\_\_\_ % or ☐ Remaining Net Amount

Attach confirming documents on the reverse side.

## ATTACH INFORMATION HERE

For deposits to checking accounts, ATTACH A VOIDED PREPRINTED CHECK.  
(Deposit slips are NOT acceptable.)

For deposits to savings accounts, ATTACH A NOTICE OF YOUR ACCOUNT NUMBER from your financial institution.

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## DIRECT DEPOSIT CANCELLATION

I, \_\_\_\_\_ hereby request that direct deposits to the following account  
(Print Employee Name)

number(s) be discontinued effective on pay period after receipt of this request by the Mendocino County Office of Education.

Bank Name/City/State: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank Name/City/State: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank Name/City/State: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature