

ELECTRONIC DEPOSIT AUTHORIZATION

SHASTA COUNTY OFFICE OF EDUCATION

PAYROLL DEPARTMENT
1644 MAGNOLIA AVENUE
REDDING CA 96001
(530) 225-0200

- NEW REQUEST EFFECTIVE DATE: _____
 NAME CHANGE
 ACCOUNT NUMBER CHANGE

For checking account deposits, attach a voided check here.

For savings account deposits, we need the account ID number and transit routing number. If in doubt, contact your financial institution. Any missing or incorrect information will cause delays in enrollment.

In most instances, your authorization for EFT/Direct Deposit, will be activated after at least one full pay cycle to allow for a TEST payroll period. During this time you will continue to receive your paycheck as you normally would. Supplemental pay and Demand pay will **NOT** be eligible for direct deposit.

AUTHORIZATION

PLEASE PRINT OR TYPE

SELECT ONE:

- CHECKING (Acct. number) SAVINGS (Acct. & transit number)

Name of Payee (last, first, middle initial)
Social Security #
Home Mailing Address
City
State/Zip
Name of Financial Institution
Branch Name and Telephone number (with area code)

I authorize the Shasta County Office of Education to initiate accounting transactions to deposit my net pay directly into the account indicated above and to correct any errors which may occur from these transactions. I also authorize the Financial Institution to post these transactions to the account. This authorization is to remain in force until the Shasta County Office of Education receives written notice from me to cancel or change this authorization.

EMPLOYEE SIGNATURE

DATE

CANCELLATION

EFFECTIVE DATE _____

(Complete this section to **CANCEL** the Direct Deposit Authorization)

I hereby cancel the authorization for the Shasta County Office of Education to initiate direct deposits into my checking/savings account(s).

EMPLOYEE SIGNATURE

DATE