



Santa Barbara County Education Office

School Business Advisory Services

4400 Cathedral Oaks Road, P.O. Box 6307, Santa Barbara, CA 93106-6307
 (805) 964-4711 • Direct dial (805) 964-4710 plus extension • FAX (805) 964-3041

Authorization for Payroll Direct Deposit

Participating in Payroll Direct Deposit service is voluntary. By signing this agreement, I authorize the Santa Barbara County Education Office (SBCEO) and/or my employer to automatically deposit my net pay into my account each regular payday and, as necessary, make corrections to previous deposits. I understand that:

Attach account document here

- Payroll direct deposit service takes effect one month after a successful preauthorization. For example, if submission of the preauthorization takes place in August, I will receive a warrant (check) in August and my payroll direct deposit service will begin in September, unless the preauthorization test fails.
- My direct deposit service may be suspended or rescinded by my employer or SBCEO, if necessary, to meet payroll deadlines or due to other conditions.
- I am responsible for a court ordered withholding amount, even if the amount is not deducted from my direct deposit.
- My direct deposit service will stop if my position requires a credential and if I have not renewed my expiring credential at least 30 days prior to the next payroll.
- It is my responsibility to notify my employer if I close my account; and, if my deposit cannot be credited to my closed account, I agree to wait until my employer receives the returned funds before receiving payment. This may take seven banking days.
- It is my responsibility to ensure that my net pay is properly credited to my account before issuing any debits against my account.
- My bank has until the close of the deposit date to place funds in my account.

I agree to hold harmless and indemnify my employer and SBCEO, and their employees, from any claim or demand of whatever nature, including those based upon negligence, brought by any person, including any financial institution, for failure or delay in making deposits and/or corrections to deposits as herein authorized.

This authorization replaces any previously made by me and remains in effect until I cancel or submit a new authorization.

Employee Name

Employee ID # or Last 4 digits of SSN

Employer

Employee Signature

Date

New **Change** **Cancel**
Circle one

- Attach a voided check or bank statement displaying your account and routing numbers. Do not attach a deposit slip because the routing numbers are incomplete on this document.
- Amounts, percentages, remaining balance, or ALL of Net pay are applied in a specific order (1-3).
- Distribution of net pay may be sent to three different banking institutions or just one. For example:
 (1) Deposit \$50 with the Teachers' credit union
 (2) Deposit \$75 with Coast Hills
 (3) Deposit ENTIRE or Remaining Balance of net pay to Rabobank

1. _____ Checking or Savings Amount \$ or Percent % of net pay _____
 Name of banking institution Circle one Circle one and write in your selection

2. _____ Checking or Savings Amount \$ or Percent % of net pay _____
 Name of banking institution Circle one Circle one and write in your selection

3. _____ Checking or Savings **ENTIRE net pay** or **Remaining Balance** _____
 Name of banking institution Circle one Circle one