

# SANTA ROSA JUNIOR COLLEGE

## DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Employee Name \_\_\_\_\_  
*Last Name First Name*

Employee ID \_\_\_\_\_

\_\_\_\_\_  
*Email Address- Required*

\_\_\_\_\_  
*Day time Phone Number*

\_\_\_\_\_  
*Department*

### 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
1	Change
	Cancel

**Primary:** Financial Institution Name \_\_\_\_\_ Account Number: \_\_\_\_\_ Checking

\_\_\_\_\_ Savings

**ALL NET PAY WILL BE DEPOSITED – NO DOLLAR AMOUNT NEEDED**

Option	Add
2	Change
	Cancel

**Second:** Financial Institution Name \_\_\_\_\_ Account Number: \_\_\_\_\_ Checking

\_\_\_\_\_ Savings

**DOLLAR AMOUNT DEPOSITED EACH PAYDAY \$ \_\_\_\_\_**

Option	Add
3	Change
	Cancel

**Third:** Financial Institution Name \_\_\_\_\_ Account Number: \_\_\_\_\_ Checking

\_\_\_\_\_ Savings

**DOLLAR AMOUNT DEPOSITED EACH PAYDAY \$ \_\_\_\_\_**

Option	Add
4	Change
	Cancel

**Fourth:** Financial Institution Name \_\_\_\_\_ Account Number: \_\_\_\_\_ Checking

\_\_\_\_\_ Savings

**DOLLAR AMOUNT DEPOSITED EACH PAYDAY \$ \_\_\_\_\_**

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 may 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*