

ELECTRONIC DEPOSIT AUTHORIZATION

NEW REQUEST NAME CHANGE Effective Date: _____

NET CHECK AUTHORIZATION

I authorize the Butte County Office of Education and the financial institution listed below to deposit my **NET** pay automatically to the account indicated each payday and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error

Checking **Savings Account** **Cancel** **Change**

Transit Routing # _____ Account # _____

Financial Institution _____ NET PAY _____

VOLUNTARY DEDUCTION (Separate Checking or Savings Account, Deposit Flat amount only)

Checking **Savings Account** **Cancel** **Change**

Transit Routing # _____ Account # _____

Financial Institution _____ Amount to Deposit _____

VOLUNTARY DEDUCTION (Separate Checking or Savings Account, Deposit Flat amount only)

Checking **Savings Account** **Cancel** **Change**

Transit Routing # _____ Account # _____

Financial Institution _____ Amount to Deposit _____

VOLUNTARY DEDUCTION (Separate Checking or Savings Account, Deposit Flat amount only)

Checking **Savings Account** **Cancel** **Change**

Transit Routing # _____ Account # _____

Financial Institution _____ Amount to Deposit _____

VOLUNTARY DEDUCTION (Separate Checking or Savings Account, Deposit Flat amount only)

Checking **Savings Account** **Cancel** **Change**

Transit Routing # _____ Account # _____

Financial Institution _____ Amount to Deposit _____

VOLUNTARY DEDUCTION (Separate Checking or Savings Account, Deposit Flat amount only)

Checking **Savings Account** **Cancel** **Change**

Transit Routing # _____ Account # _____

Financial Institution _____ Amount to Deposit _____

For checking accounts, please attach a **voided check** to this form. For savings accounts, please contact your financial institution for the proper transit routing number and account number. Any missing or incorrect information will cause these transactions to be delayed.

I understand that my first payroll check after this authorization will be mailed to my current mailing address while a test payroll is sent to my financial institution. This authorization will remain in effect until I have canceled it in writing.

Name (Please Print) _____ Date _____

ID # (or Social Security) _____ Signature _____