

SONOMA COUNTY OFFICE OF EDUCATION

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I, _____ employee of
(Print Employee Name)

_____ hereby authorize the Sonoma County Office of Education
(District Name and Number)
and the financial institution(s) shown below, to directly deposit the amount I have indicated into my account(s). I understand that all advices of deposit will be sent to my work email address unless I request a printed copy. If funds to which I am not entitled are deposited, I hereby authorize the Sonoma County Office of Education either to direct the financial institution to return such funds, or to request a "stop payment" of the Direct Deposit and to issue a warrant for the correct amount. **The authority will remain in effect until I have signed the CANCELLATION section below, or have terminated from the district.**

(Employee's Signature)

(Employee ID No.)

(Date)

Bank Name

Name on Account

Account #

Amount or
Percent

(C)hecking
or (S)avings

Bank Name	Name on Account	Account #	Amount or Percent	(C)hecking or (S)avings
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ATTACH INFORMATION HERE

For deposits to checking accounts, ATTACH A VOIDED PREPRINTED CHECK,
and/or for deposits to savings accounts, ATTACH A NOTICE OF YOUR ACCOUNT NUMBER from your financial institution.

DIRECT DEPOSIT CANCELLATION

I, _____ employee of
(Print Employee Name)

_____ hereby request that Direct Deposits to my accounts(s) previously
(District Name and Number)
authorized by the Direct Deposit Authorization Agreement be discontinued effective one pay period after receipt of this request by the above-mentioned school district.

(Employee's Signature)

(Employee ID No.)

(Date)

(Date Processed by District)