

SIERRA COUNTY OFFICE OF EDUCATION
SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT

DIRECT DEPOSIT ENROLLMENT/CHANGE FORM

IT IS CRITICAL THAT YOU NOTIFY PAYROLL WHEN YOU HAVE CHANGED/CANCELLED BANK ACCOUNTS.

NAME: _____

Email Monthly Pay Stub to (optional): _____

If an email address is provided, pay stubs will be emailed (password protected) to employee the morning of pay day. The pay stub will not be sent via U.S. Mail.

COMPLETE TO: <input type="checkbox"/> ENROLL <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE BANK ACCOUNTS <input type="checkbox"/> CHANGE DEPOSIT AMOUNTS			
Type of Account	Bank Routing & Account Number	Financial Institution (Bank) Name	I wish to deposit (check one):
<input type="checkbox"/> Checking <input type="checkbox"/> Savings			<input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ <input type="checkbox"/> Remainder of Net Pay
<input type="checkbox"/> Checking <input type="checkbox"/> Savings			<input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ <input type="checkbox"/> Remainder of Net Pay
<input type="checkbox"/> Checking <input type="checkbox"/> Savings			<input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ <input type="checkbox"/> Remainder of Net Pay
<input type="checkbox"/> Checking <input type="checkbox"/> Savings			<input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ <input type="checkbox"/> Remainder of Net Pay
<input type="checkbox"/> Checking <input type="checkbox"/> Savings			<input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ <input type="checkbox"/> Remainder of Net Pay

One of the following is required to process this enrollment (check one):

☐ Voided check with name imprinted (no starter checks)

☐ Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)

☐ Bank letter or specification sheet

*****PLEASE READ*****

I understand and agree to the following as a result of participation in this Automatic Deposit program:

The first pay period this agreement is active, a test is sent to the employee's bank confirming the existence of the account. **A regular payroll check will be issued for the first month this agreement is active. The following pay period a payroll stub will be issued and direct deposit will take effect.** The net pay of the stub will be deposited into the account and available to the employee on the pay date.

Termination of this agreement must be made by **written** notification to the Business Office and is effective for the first payroll period in which it is received by the employer prior to the established cutoff date of the 15th of each month.

Upon separation from the district, this contract will terminate itself.

If a Direct Deposit cannot be credited to an account because it has been closed, the Bank will reject the Direct Deposit and reroute it back to the employer. This return process may take several days. Participants in the program agree that if this happens they will wait for the funds to be received by the employer before receiving a payroll check.

I hereby authorize my above named employer to initiate credit entries and adjusting debit entries to my checking or savings account in order to directly deposit wages earned.

This enrollment agreement is effective for the first payroll period in which it is received in the Business Office on or prior to the established cutoff date of the 15th of each month.

Signature: _____

Date: _____