Payroll Direct Deposit Authorization Form

District Name_____ District No._____

PLEASE TYPE OR PRINT ☐ NEW ☐ CHANGE ☐ CANCEL ☐ HOLD

Employee Name_____ S.S. Number_____
Last First M.I.

PLEASE NOTE: Employee must contact his/her financial institution for accurate ABA Routing & Account Numbers and complete the following Payroll Direct Deposit Authorization.

Name of Financial Institution_____

Address of Financial Institution_____

City_____ State _____ Zip Code_____

Check One
☐ Checking-attach check below
☐ Savings-attach copy of bank document with bank name, routing # and account #.

Branch _____ Branch Phone Number_____

_____ _____
9-Digit ABA Routing Number (Contact Financial Institution) Account Number (Contact Financial Institution)

I hereby authorize Marin County Office of Education to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any entries in error to my account at the financial institution named above, and authorize the financial institution to accept such entries and post them to the account indicated above. Debit entries will be made only in the event of a group electronic over deposit and will occur no later than the midnight before the last working day of the month.

I Understand:

- Direct deposit takes effect after a successful pre-notification transaction has occurred through the banking system.
- Direct deposit will be suspended if a certificated employee's credential has not cleared through CTC/MCOE or the credential has expired.
- A new Payroll Direct Deposit Authorization Form must be submitted if account information is changed. (name, institution, Branch, ABA number, type of account, etc.)
- Direct deposit status may be suspended or rescinded, and payment made by warrant if necessary, to meet payroll deadlines or under other circumstances. If a warrant is produced, it will be forwarded to the district office for distribution or mailed to my home address.

I agree to hold harmless and indemnify Marin County Office of Education and their directors, officers, employees, and agents from any claim or demand of whatever nature, including those based upon negligence of MCOE and/or its officers, employees, and agents for failure or delay in making deposits and/or corrections to deposits as herein authorized. I acknowledge the origination of Automatic Clearing House (ACH) transactions to my account must comply with the provisions of United States' law.

This replaces any authorization previously made by me and is to remain in effect until changed or cancelled by submission of a new Payroll Direct Deposit Authorization Form.

_____ _____
Employee Signature Date

Attach below a voided check, from the account the funds are to be deposited into, and forward to the Payroll Department

VOIDED CHECK MUST BE ATTACHED.

IMPORTANT
Contact your financial institution for your correct 9-digit ABA Routing Number and Account Number

FOR MCOE USE ONLY – LEAVE BLANK

Routing Number

Account Number Information

☐ Checking
☐ Savings