



County of San Diego Direct Deposit Authorization

The Federal Automated Clearinghouse requires time to verify a notification before accepting a direct deposit into your account. It may take up to three (3) pay periods for this authorization to take effect. This system will print a payroll advice instead of a check when the direct deposit starts. To take effect on a payday, any changes must be made on this form and received in writing by the Auditor and Controller, Central Payroll no later than the last day of the pay period for that payday.

Please read and sign back of form before submitting to Personnel/Payroll Office

EmplID:	Name: Last Name, First Name, MI	Social Security Number:	Department Name:
Home Address <i>(including city and zip code):</i>			
Day Time Phone Number () - - - -			

Indicate the purpose of this Direct Deposit Authorization Form. Check all that apply:

- NEW ACCOUNT** Direct Deposit Authorization
- ADDITIONAL** Direct Deposit account
- MODIFY DISTRIBUTION AMOUNT** of existing Direct Deposit account(s)
- RESTART** existing Inactive Direct Deposit due to return from Leave of Absence
*Account information must match the account(s) on file

- CANCEL** existing Direct Deposit account number
*Write active account# to be cancelled _____
*Mark reason/s for cancellation:
 - Lost/Stolen Checks/Cards
 - Changing Bank
 - Other _____

Print your account information CLEARLY and check one (1) account type for each Direct Deposit selected.

Primary Direct Deposit Account	Bank Name	Routing & Account #'s	Account Type	
Deposit NET/REMAINDER (REQUIRED)		Routing: _____ Account: _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	NET PAY

Optional Direct Deposit Accounts

Funds will be deposited into these accounts before the net/remainder is deposited into the Primary Direct Deposit Account. Do not list multiple accounts for one financial institution, contact your financial institution for distribution between accounts.

Deposit Order	Financial Institution Name	Routing & Account #'s	Account Type	\$ Amount
Deposit to this FIRST	_____	Routing: _____ Account: _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	_____
Deposit to this SECOND	_____	Routing: _____ Account: _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	_____



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Deposit to this THIRD	_____	Routing: _____ Account: _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	_____
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I hereby authorize the County of San Diego to deposit my payroll earnings in the account(s) specified below, and to obtain the return of any amounts erroneously deposited in these account(s). The receipt of my pay stub will be my notification that the transfer of funds from County of San Diego to my account has occurred; the County of San Diego assumes no responsibility for financial institution errors, delays by a financial institution in crediting accounts, or my failure to notify the County of San Diego of closed accounts. **This authorization shall continue until I advise Auditor and Controller Central Payroll Division in writing to cancel.** Upon my termination, I understand that my final wages will be a Direct Deposit except for any terminal payment of my leave balances, which will be processed on a separate check.

I understand that in the event there are insufficient funds to cover specified deposits to any or all accounts, monies will be distributed in deposit order as long as there are enough funds to cover the total amount specified. Otherwise, any partial amounts will **ALWAYS** go to the account which I have designated as "Net/Remainder" as required. I understand that I must have one account designated as "Net/Remainder." If my "Net/Remainder" account closes, monies will be deposited directly into the first optional account (if applicable). I will submit a new Direct Deposit Authorization Form if I cancel my "Net/Remainder" account and it is my only Direct Deposit account. **Funds that are rejected by the bank will not be reissued until the funds have been returned to the County of San Diego. If I am a grandfathered employee, I must maintain my Direct Deposit once I elect to have Direct Deposit.**

I understand that a new form must be completed and submitted to Auditor and Controller Central Payroll Division whenever a change is made to any account. I agree to all terms in this document.

Signature: _____ Date: _____

DIRECT DEPOSIT ACCOUNT(S) MUST BELONG TO THE EMPLOYEE. NAME & ADDRESS ON EACH BANK DOCUMENT MUST MATCH THE EMPLOYEE'S ADDRESS ON FILE. NAME, ACCOUNT AND ROUTING INFORMATION MUST BE PRINTED NOT HAND-WRITTEN.

Remainder Deposit Voided Check

Attach preprinted voided check or signed bank letter for the account to be credited.
This may not be a temporary account number.
(DO NOT USE A DEPOSIT SLIP)

First Optional Deposit Voided Check

Attach preprinted voided check or signed bank letter for the account to be credited.
This may not be a temporary account number.
(DO NOT USE A DEPOSIT SLIP)

Second Optional Deposit Voided Check



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Attach preprinted voided check or signed bank letter for the account to be credited.
This may not be a temporary account number.
(DO NOT USE A DEPOSIT SLIP)

Third Optional Deposit Voided Check

Attach preprinted voided check or signed bank letter for the account to be credited.
This may not be a temporary account number.
(DO NOT USE A DEPOSIT SLIP)