COMPANY ID#
770572125

MERCED COUNTY OFFICE OF EDUCATION
632 W. 13TH STREET
MERCED, CALIFORNIA 95341

EMPLOYEE AUTOMATIC PAYROLL DEPOSIT AUTHORIZATION

I, _____ (**Name**), HEREBY REQUEST THAT MY MONTHLY NET PAY BE AUTOMATICALLY DEPOSITED TO MY CHECKING ACCOUNT WITH _____ (**Financial Institution**).

I UNDERSTAND AND AGREE TO THE FOLLOWING TERMS AND CONDITIONS:

1) For new enrollees, a pre-notification transaction must be transmitted to **MCOE**'s Banking Institution four weeks prior to transmitting net pay. Therefore, it will be a minimum of one payday before my net pay will be automatically deposited to my checking account.

2) The earliest date that deposits will be credited to my account will be the day of payday.

3) This authorization shall remain in effect until terminated by me in writing. Termination forms are available in the **School District Office** and must be completed ***fifteen (15)*** working days prior to payday.

4) *If I am off of the payroll for 90 days or more, if my name changes, or* ***if my bank or checking account numbers change, my status will revert to that of a new enrollee and it will be a minimum of one month before the automatic depositing of my net pay will resume***.

5) ***In the event I am overpaid by my school district, and my net pay has been deposited into my account, I will immediately reimburse my employer "the full amount of such overpayment".***

6) I will hold the **Merced County Office of Education** and/or ***GUSTINE UNIFIED*** School District harmless from any actions that occur as a result of the preparation, release or transmission of payroll deposit date.

_____ _____
Employee Signature **Employee Number**

GUSTINE UNIFIED SCHOOL DISTRICT _____
School District **Date**

Attach Check Here

VERIFICATION OF FINANCIAL INSTITUTION TRANSIT AND ACCOUNT NUMBERS:

1) Employee may give the school district a Voided Check (not a deposit slip).
OR
2) Employee may send this notice to his/her financial institution for completion of the following:

TRANSIT ROUTING NUMBERS

ACCOUNT NUMBER ☐ **CHECKING** ☐ **SAVINGS**

Note:
When completing account information, enter only numbers and, if required, a hyphen for any dash cue symbol.

_____ _____ _____
APPROVING OFFICER **FINANCIAL INSTITUTION** **DATE**