

County of El Dorado

Employee Payroll Direct Deposit Authorization

*EMPLOYEE NAME ______*EMPLOYEE ID # ______ (Or Social Security Number if no EE # is available)

I hereby authorize COUNTY OF EL DORADO to initiate deposits (credits) and/or corrections to the previous credits to the financial institution indicated. The financial institution is authorized to credit and/or correct the amount to my account. This authority is to remain in full force and effect until revoked.

DIRECT DEPOSIT (NET) NEW CANCEL *FINANCIAL INSTITUTION NAME:	*NET AMOUNT ONLY
DIRECT DEPOSIT # 2 NEW CANCEL *FINANCIAL INSTITUTION NAME:	*AMOUNT \$or PERCENT%
DIRECT DEPOSIT # 3 NEW CANCEL *FINANCIAL INSTITUTION NAME: *ACCOUNT TYPE: CHECKING SAVINGS *ACCOUNT # *ROUTING #	
*SIGNATURE	
<u>ATTACH A VOIDED CHECK FOR EACH ACCOUNT</u> OR A BANK GENERATED FORM DISPLAYING YOUR NAME, ROUTING AND ACCOUNT NUMBERS.	
My Name My Address My City, State, Zip Date Pay to the order of Dol Bank Name Bank Address L 71659165 L 225466946413 III	AUDITOR-CONTROLLER PAYROLL OFFICE 360 FAIR LANE PLACERVILLE, CA 95667

Please note: In order to verify the account, all new direct deposits will be tested for one pay period and go into effect following the banks acceptance (usually one pay period) in which case you may receive a regular pay check.

Failure to complete all required fields will result in a the form being returned without being processed