MONTEREY COUNTY OFFICE OF EDUCATION
P.O. Box 80851, 901 Blanco Circle
Salinas, CA 93912-0851

AUTOMATIC DEPOSIT AUTHORIZATION

This type of authorization is for the following: (PLEASE CHECK ONE)
ORIGINAL SUBMISSION: _____
CHANGE/CORRECTION: _____
CANCELLATION:
(Do not attach void check) _____

The Monterey County Office of Education has the ability to deposit your payroll warrant directly into your checking account. In order to do this, the Payroll Clerk must have the information contained on a personal check. (You must attach a voided check or a copy of a voided check to this form.)

The automatic deposit authorization becomes effective with the 2nd payroll warrant issued after this form is submitted, to allow for bank account verification.

It is extremely important that you notify the Payroll Clerk to change this form if you change banks or change account numbers of your current bank.

This option is available for most banking institutions. However, the Monterey County Office of Education is not responsible if your bank does not receive or post your payroll warrant to your account.

You will receive your pay stub at your work location.

I hereby authorize the Monterey County Office of Education to deposit my entire payroll warrant (and/or corrections to the previous credits) to the institution indicated on the void check below. The institution is authorized to credit and/or correct the amounts to my account.

STAPLE/ATTACH CHECK HERE

In signing this form the employee shall hold harmless the Monterey County Office of Education for the entire automatic deposit process of any and all payroll warrants. **The Monterey County Office of Education cannot be responsible if your deposit is not credited to your bank account on payday.** It is the responsibility of the employee to submit the correct information which will result in the automatic deposit of funds to the proper account.

The authority is to remain in full force and effective until I revoke it in writing in such time (allow at lease ten (10) days) and such manner as to afford the Monterey County Office of Education a reasonable opportunity to act on it, or upon termination of my employment from the agency. Upon cancellation, **COMPLETE THIS FORM AND MARK "CANCELLATION" ON TYPE OF AUTHORIZATION ON TOP OF FORM.**

Name	Soc.Sec.No.
Street Address	City, State, Zip Code
YOUR SIGNATURE	Date