

AUTOMATIC PAYROLL DEPOSIT AUTHORIZATION AGREEMENT

Employee: _____ Social Security Number: _____

District: _____ Paso Robles _____ District Number: _____ 12 _____

Select One: Checking Account Savings Account

I hereby authorize my employing district through San Luis Obispo County Office of Education and the financial institution shown on the check below, to deposit my net pay into my account. I shall hold harmless and indemnify the San Luis Obispo County Office of Education, herein after referred to as SLOCOE, and its officers and employees from any claim or demand of whatever nature, including those based upon negligence of SLOCOE, and its officers and employees brought by any person, including any banking institution against the SLOCOE in his/her capacity concerning the payroll warrant disposition provided by the SLOCOE.

I also agree to pay all fees incurred because of failure on my part to notify the San Luis Obispo County Office of Education of any changes in my account information that would result in a return of my deposit.

I understand it is my responsibility to ensure that my net check has been properly credited to my account before issuing checks against that account. If funds to which I am not entitled are deposited, I hereby authorize the San Luis Obispo County Office of Education either to direct the financial institution to return such funds or to request a "stop payment" of the automatic deposit and to issue a warrant for the correct amount. Electronic fund transfer takes effect on the next payroll following request after a successful prenote test has occurred through the banking system. This completed request is for the disposition of my pay warrant from the effective date specified until I have signed the cancellation section below.

Date

Employee Signature

DEPOSITS TO CHECKING ACCOUNTS
ATTACH VOIDED PREPRINTED **CHECK** HERE
(Deposit slips are **NOT** acceptable.)

DEPOSITS TO SAVINGS ACCOUNTS
ATTACH VOIDED DEPOSIT SLIP HERE

Warning!

**DO NOT COMPLETE THIS PORTION UNLESS YOU ARE CANCELLING YOUR
DIRECT DEPOSIT!**

Warning!

CANCELLATION

I hereby request that the San Luis Obispo County Office of Education discontinue direct deposits to the account number above, effective the next pay period after receipt of the request.

Date

Employee Signature