

# YUBA COUNTY OFFICE OF EDUCATION PAYROLL DELIVERY AUTHORIZATION

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee ID or Last 4 of SSN

\_\_\_\_\_  
Work Location

\_\_\_\_\_  
Date

I choose the below option for my end of the month pay check:

**Mail to my home** (checks will be mailed the day before scheduled pay day.)

(Please print): \_\_\_\_\_

\_\_\_\_\_  
(You should be aware that if your paycheck is lost, stolen, or destroyed the County procedures for replacement requires that you complete a form and you must wait twenty (20) working days from the date on the original check before a new check can be issued.)

OR

**Direct deposit into my bank account** (attach a voided check)

(Note: You will receive an earning statement showing gross salary, taxes, other deductions and net pay via U.S. mail.)

Financial Institution:    Checking    Savings    Entire Net Payroll or Specific Amount \$ \_\_\_\_\_

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

I hereby authorize the YUBA COUNTY OFFICE OF EDUCATION (YCOE) to provide direct deposit of any salary or wages due to me, less any mandatory or authorized withholding or deductions there from, in the above designated account. If at any time the amount of salary or wages so deposited exceeds the amount of salary or wages actually due and payable to me, I hereby authorize YCOE to either:

- a. Withhold a sum equal to the overpayment from future salary or wages; or
- b. Recover such overpayment from the above-designated account.

If the State is legally obligated to withhold any part of my wage or salary payment for any reason, or if I no longer meet eligibility requirements for the Direct Deposit program, I understand YCOE may terminate my enrollment in the program. **If ANY action taken by me or my bank results in non acceptance of a direct deposit by the designated financial institution, I understand that YCOE assumes NO RESPONSIBILITY for processing a supplemental salary or wage payment UNTIL the amount of the non acceptance deposit is returned to the Yuba County Auditor's Office by the financial institution.**

I HAVE READ, UNDERSTAND, AND ACCEPT THE ABOVE PROCEDURES AND DO HEREBY AGREE TO VOLUNTARILY PARTICIPATE IN THE YUBA COUNTY OFFICE OF EDUCATION'S DIRECT DEPOSIT PROGRAM AND AGREE TO RECEIVE PAPERLESS STATEMENTS UNDER THESE TERMS.

This authority is to remain in full force and effect until the YUBA COUNTY OFFICE OF EDUCATION has received written notification from me of its termination in such time and in such manner as to afford the YUBA COUNTY OFFICE OF EDUCATION and the DEPOSITORY a reasonable opportunity to act on it.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



