

# AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT SERVICE

SAN MATEO COUNTY OFFICE OF EDUCATION

DISTRICT NAME:	<b>Hillsborough City School District</b>
----------------	--

I hereby authorize the school district named above, hereinafter called EMPLOYER, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (select one):

Checking       Savings

Indicated below and the depository institution names below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME		BRANCH	
STREET	CITY	STATE	ZIP CODE
ABA NUMBER (1)		ACCOUNT NUMBER (2)	

- (1) ABA (9 digit) Number as it appears on MICR line on check.
- (2) Account Number following the ABA number as it appears on MICR line (including dashes and all zeros).

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

NAME (Please Print)	
DATE	SIGNATURE

**Employee Information on  
Direct Deposit of Payroll**

- Employee recognizes that there could be a delay in the deposit to his/her account and that Employer is responsible only for transmitting net pay to paying bank designated by County Treasurer. Employer assumes no responsibility beyond that point.
- Employer may remove an employee from direct deposit when payment must be stopped to ensure compliance with legal requirements. Examples are: lack of value credentials; salary attachments, etc.

Instructions to Employee:    Attach a voided check to this agreement.  
   Read Employee Information on Direct Deposit of Payroll.  
   Sign and forward to the payroll department.

I have read and agree to the foregoing.

Signed: \_\_\_\_\_  
Employee Date