

New Change Cancel

## AUTOMATIC PAYROLL DEPOSIT **Authorization Agreement**

(Form must be submitted to ICOE-District Financial Services by the 15th of the month)

| School District       | Seeley Union School District | District # | 51 |
|-----------------------|------------------------------|------------|----|
| Employee Name         | Social Security <u>#</u>     |            |    |
| Financial Institution |                              |            |    |
| Routing Number        | Account Number               |            |    |
| Checking (23)         |                              |            |    |
| Savings (33)          |                              |            |    |

**IMPORTANT NOTES:** 

PLEASE NOTIFY THE DISTRICT'S PAYROLL OFFICE BEFORE MAKING ANY CHANGES TO AN ACCOUNT RECEIVING AN AUTOMATIC PAYROLL DEPOSIT(APD), IT CAN CAUSE FUNDS TO BE UNAVAILABLE FOR UP TO TWO WEEKS IF THE ACCOUNT IS CLOSED. A CHECK WILL NOT BE ISSUED TO THE EMPLOYEE UNTIL THE MISDIRECTED FUNDS ARE **RECOVERED.** 

IN THE EVENT THAT THE EMPLOYER REMOVES THE EMPLOYEE FROM THE APD PROCESS DUE TO CERTAIN CIRCUMSTANCES YOU WILL NEED TO RESUBMIT THE FORM AND BEGIN THE PRENOTE PROCESS AGAIN.

FIRST MONTH IS PRENOTE(SETUP) AND THE NEXT MONTH APD BEGINS. (Please staple voided check here)

I authorize the Imperial County Office of Education to initiate credit entries to my bank account. In the event of a credit entry error, I authorize the Imperial County Office of Education to initiate debit entries and adjustments to correct the error.

Authorized Signature:

Date

- All lines must be filled in.
  If the information on the form and on the backup do not match the form will not be accepted.
  Employee must be the account holder and the backup documentation must include preprinted name.
  A new APD form must be submitted for every district: automatic payroll deposits do not transfer from district to district to district. district to district.

Examples of backup:

- Checking: voided check, copy of a bank statement, computer printout, or bank enrollment form (signed by a bank representative).
  Savings: voided check, copy of a bank statement, computer printout, ID/membership card, bank enrollment form (signed by a bank representative).

| FOR ICOE/DISTRICT FINANCIAL SERVICES USE: |               |                   |  |  |  |
|---|---------------|-------------------|--|--|--|
| RECEIVED:                                 | PRENOTE DATE: | APD DATE:         |  |  |  |
|   |               | REVISED: 02-26-16 |  |  |  |