



County of El Dorado

Employee Payroll Direct Deposit Authorization

*EMPLOYEE NAME _____ *EMPLOYEE ID # _____
(Or Social Security Number if no EE # is available)

I hereby authorize COUNTY OF EL DORADO to initiate deposits (credits) and/or corrections to the previous credits to the financial institution indicated. The financial institution is authorized to credit and/or correct the amount to my account. This authority is to remain in full force and effect until revoked.

DIRECT DEPOSIT (NET) ☐ NEW ☐ CANCEL

*FINANCIAL INSTITUTION NAME: _____

*ACCOUNT TYPE: ☐ CHECKING ☐ SAVINGS *NET AMOUNT ONLY

*ACCOUNT # _____ *ROUTING # _____

Deduction Code 9999

DIRECT DEPOSIT # 2 ☐ NEW ☐ CANCEL ☐ UPDATE AMOUNT ONLY

*FINANCIAL INSTITUTION NAME: _____

*ACCOUNT TYPE: ☐ CHECKING ☐ SAVINGS *AMOUNT \$ _____ or PERCENT ____%

*ACCOUNT # _____ *ROUTING # _____

Deduction Code 9900 or 9910

DIRECT DEPOSIT # 3 ☐ NEW ☐ CANCEL ☐ UPDATE AMOUNT ONLY

*FINANCIAL INSTITUTION NAME: _____

*ACCOUNT TYPE: ☐ CHECKING ☐ SAVINGS *AMOUNT \$ _____ or PERCENT ____%

*ACCOUNT # _____ *ROUTING # _____

Deduction Code 9905 or 9915

*SIGNATURE _____ *DATE _____

ATTACH A VOIDED CHECK FOR EACH ACCOUNT

OR A BANK GENERATED FORM DISPLAYING YOUR NAME, ROUTING AND ACCOUNT NUMBERS.

My Name
My Address
My City, State, Zip
Date
Pay to the order of \$
Bank Name
Bank Address

VOID

101

471659165 225466946413 101

Routing Number Account Number Check Number

RETURN COMPLETED FORM TO:

AUDITOR-CONTROLLER
PAYROLL OFFICE
360 FAIR LANE
PLACERVILLE, CA 95667

Please note: In order to verify the account, all new direct deposits will be tested for one pay period and go into effect following the banks acceptance (usually one pay period) in which case you may receive a regular pay check.

****Failure to complete all required fields will result in a the form being returned without being processed****

V 07/15/2021