



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	101	
My Address		
My City, State, Zip		
Pay to the order of	Date _____	
VOID		
Bank Name	\$ _____	
Bank Address	Dollars	
Routing Number	Account Number	Check Number

471659165 225466946413 101

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