SANTA BARBARA
County Education Office
William J. Cirone, Superintendent

Santa Barbara County Education Office

School Business Advisory Services

4400 Cathedral Oaks Road, P.O. Box 6307, Santa Barbara, CA 93160-6307
(805) 964-4711 • Direct dial (805) 964-4710 plus extension • FAX (805) 964-3041

Authorization for Payroll Direct Deposit

Participating in Payroll Direct Deposit service is voluntary. By signing this agreement, I authorize the Santa Barbara County Education Office (SBCEO) and/or my employer to automatically deposit my net pay into my account each regular payday and, as necessary, make corrections to previous deposits. I understand that:

Attach account document here

- Payroll direct deposit service takes effect one month after a successful preauthorization. For example, if submission of the preauthorization takes place in August, I will receive a warrant (check) in August and my payroll direct deposit service will begin in September, unless the preauthorization test fails.
- My direct deposit service may be suspended or rescinded by my employer or SBCEO, if necessary, to meet payroll deadlines or due to other conditions.
- I am responsible for a court ordered withholding amount, even if the amount is not deducted from my direct deposit.
- My direct deposit service will stop if my position requires a credential *and* if I have not renewed my expiring credential at least 30 days prior to the next payroll.
- It is my responsibility to notify my employer if I close my account; and, if my deposit cannot be credited to my closed account, I agree to wait until my employer receives the returned funds before receiving payment. This may take seven banking days.
- It is my responsibility to ensure that my net pay is properly credited to my account before issuing any debits against my account.

I agree to hold harmless and indemnify my employer and SBCEO, and their employees, from any claim or demand of whatever nature, including those based upon negligence, brought by any person, including any financial institution, for failure or delay in making deposits and/or corrections to deposits as herein authorized.

This authorization replaces any previously made by me and remains in effect until I cancel or submit a new authorization.

REQUIRED FROM EMPLOYEE

Brokerage account - Attach brokerage firm's form that identifies your account and routing number.
Checking account - Attach voided check displaying your account and routing number. Do not attach a deposit slip because routing numbers are incomplete.
Savings account - Attach a copy of statement or other documents displaying your account and routing number.

Circle one: New Change Cancel

Employee's name

Employee's signature

Social Security number

Date

District / Employer's name

Circle one: Checking Savings

Bank name and branch

Address

City

Zip

Phone number

EMPLOYER ACTION

District	*Category*	*Social Security number*	*Check digit*

C/Checking S/Savings	*Routing number*	*Account number*

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