



## Direct Deposit Authorization Request

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Direct deposit is available (at no cost) to all permanent staff and Associate Faculty.

Funds will be deposited into your account(s) automatically every payday.

A record of earnings (Pay Advice) will be posted to your WebAdvisor account under the Employees tab.

Net pay may be deposited into one or two accounts.

If you have any questions, contact the Payroll Office at 707-476-4129.

Account 1:  Net Check or  Specify amount \$: \_\_\_\_\_  
(remaining amount will be deposited in Account 2.)

Attach a "VOID", pre-printed check  
OR  
documentation from your banking institution with your name, routing number, and account number.  
(Deposit slips are not accepted.)

Account 2: If depositing into two accounts, the remainder will be deposited into this account.

Attach a "VOID", pre-printed check  
OR  
documentation from the banking institution with your name, routing number, and account number.  
(Deposit slips are not accepted.)

- I am an employee of the Redwoods Community College District (herein after referred to as the College). I authorize the College and the financial institution shown on the attached check(s)/letter(s) to deposit my monthly net pay into my account(s) as shown. I shall hold harmless and indemnify the College, its officers and employees from any claim or demand of whatever nature including those based upon negligence of the officers and employees, brought by any person, including any banking institution, against the College in its capacity concerning the payroll check disposition provided by the College.
- I understand it is my responsibility to ensure that my net check has been properly credited to my account(s) before issuing checks against these accounts. If funds to which I am not entitled are deposited, I hereby authorize the College either to direct the financial institution to return such funds or to request a stop payment of the direct deposit and to issue a check for the correct amount. Direct deposit fund transfers takes effect one month following receipt of this completed authorization agreement after a successful prenote test has occurred through the banking system. This completed request is for the monthly disposition of my paycheck from the effective date specified until I have signed the cancellation section below. (Note: Associate Faculty deposits will be cancelled after two semesters with no contract activity.)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cancellation: I hereby request that direct deposits to the account number(s) above be discontinued effective on the next payroll after receipt of this request by the College Payroll Office.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_