

New Change Cancel

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## AUTOMATIC PAYROLL DEPOSIT Authorization Agreement

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

School District	District #			
Employee Name	Social Security #	Social Security #		
Financial Institution				
Routing Number	Account Number			
Checking (23)				
Savings (33)				
AN ACCOUNT RECH TO BE UNAVAILAB WILL NOT BE ISS RECOVERED. IN THE EVENT THA DUE TO CERTAIN C THE PRENOTE PRO	HE DISTRICT'S PAYROLL OFFICE BEFORE MAKING ANY CHANGES EIVING AN AUTOMATIC PAYROLL DEPOSIT(APD), IT CAN CAUSE FU LE FOR UP TO TWO WEEKS IF THE ACCOUNT IS CLOSED. A CH SUED TO THE EMPLOYEE UNTIL THE MISDIRECTED FUNDS T THE EMPLOYER REMOVES THE EMPLOYEE FROM THE APD PROC CIRCUMSTANCES YOU WILL NEED TO RESUBMIT THE FORM AND BE CESS AGAIN. RENOTE(SETUP) AND THE NEXT MONTH APD BEGINS.	INDS ECK ARE CESS		
	al County Office of Education to initiate credit entries to my bank account. In the ev I authorize the Imperial County Office of Education to initiate debit entries the error.			
Authorized Signature:	Date Date			
<ul> <li>All lines must be fille</li> <li>If the information of</li> <li>Employee must be t</li> <li>A new APD form mudistrict to district.</li> <li>Examples of backup:</li> </ul>	n the form and on the backup do not match the form will not be accepted. he account holder and the backup documentation must include <b>preprinted name.</b> ist be submitted for every district: automatic payroll deposits do not transfer from			

**RECEIVED:** 

PRENOTE DATE:

APD DATE:

**REVISED:** 02-26-16