



COTATI-ROHNERT PARK  
UNIFIED SCHOOL DISTRICT

**DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

**MUST BE SUBMITTED TO PAYROLL IN PERSON**

I, \_\_\_\_\_, employee of Cotati-Rohnert Park USD, hereby authorize the Sonoma County Office of Education and the financial institution(s) shown below, to directly deposit the amount I have indicated into my account(s). I understand that all advices of deposit will be sent to my work email address unless I request a printed copy. If funds to which I am not entitled are deposited, I hereby authorize the Sonoma County Office of Education either to direct the financial institution to return such funds, or to request a "stop payment" of the Direct Deposit and to issue a warrant for the correct amount. The authority will remain in effect until I have signed the CANCELLATION section below, or have terminated from the district.

_____ <i>Employee Signature</i>		_____ <i>Employee ID#</i>	_____ <i>Date</i>		
_____ <i>Bank Name</i>	_____ <i>Name on Acct</i>	_____ <i>Account #</i>	_____ <i>Amt or %</i>	_____ <i>(C)hk or (S)vg</i>	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

**RECEIVED IN PAYROLL/HR**

_____ <i>Payroll/HR Representative</i>	_____ <i>Date</i>
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**ID VERIFICATION**

(Must present ID)

_____ <i>Payroll/HR Representative</i>	_____ <i>Date</i>
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**FOR DEPOSITS TO CHECKING ACCTS, ATTACH A VOIDED, PREPRINTED CHECK.  
FOR DEPOSITS TO SAVINGS ACCTS, ATTACH A SIGNED BANK DEMAND DEPOSIT AUTHORIZATION LETTER.**

**ATTACH INFORMATION HERE**

**FOR DIRECT DEPOSIT CANCELLATION:** I, \_\_\_\_\_, employee of Cotati Rohnert Park USD, hereby request the Direct Deposits to my account(s) previously authorized be discontinued effective one pay period after receipt of this request by the above-mentioned school district.

_____ <i>Employee Signature</i>	_____ <i>Employee ID #</i>	_____ <i>Date</i>
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**FOR CHANGES ONLY: FOLLOW UP VALIDATION CONTACT**

_____ <i>Phone/Email</i>	_____ <i>Supervisor/Director</i>	_____ <i>Date</i>
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