

**COUNTY OF VENTURA  
AUDITOR-CONTROLLER**

**DIRECT DEPOSIT PROGRAM AUTHORIZATION FORM**

NAME (PRINT): \_\_\_\_\_ EMPLOYEE ID NO.: \_\_\_\_\_

DEPT NAME/NUMBER: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

**NOTE:** Changing the account number of any existing direct deposit will require cancelling the existing direct deposit account (using the upper box) and beginning the new direct deposit account (using the lower box). Cancellation of an existing direct deposit account will not occur automatically.

<input type="checkbox"/> Begin New Direct Deposit	<input type="checkbox"/> Cancel Existing Direct Deposit	
Bank Name: _____		<b>Amount:</b> <input type="checkbox"/> Balance of Paycheck <input type="checkbox"/> Amount: _____
Routing Number: _____		
Account Number: _____		
<input type="checkbox"/> Checking <b>(attach voided check to begin)</b>	<input type="checkbox"/> Savings <b>(attach deposit ticket to begin)</b>	

<input type="checkbox"/> Begin New Direct Deposit	<input type="checkbox"/> Cancel Existing Direct Deposit	
Bank Name: _____		<b>Amount:</b> <input type="checkbox"/> Balance of Paycheck <input type="checkbox"/> Amount: _____
Routing Number: _____		
Account Number: _____		
<input type="checkbox"/> Checking <b>(attach voided check to begin)</b>	<input type="checkbox"/> Savings <b>(attach deposit ticket to begin)</b>	

**AUTHORIZATION**

**I understand that as a condition of participating in the direct deposit program (1) funds are not guaranteed to be available until Friday following County payday, and (2) any necessary pay adjustments will be made the following pay period.**

I hereby authorize County of Ventura (1) to initiate credit entries to my account number(s) listed above at the depository (depositories) named above and (2) to initiate, if necessary, debit entries or adjustments for any credit error. I will not hold County of Ventura responsible for delay, loss or misapplication of funds due to incorrect or incomplete information supplied by me or my depository (depositories) or failure of my depository (depositories) to correctly credit my account. I understand that an unforeseen delay in payroll processing by any outside entity (automated clearing house or financial institution) due to computer down-time, power outages, bank holidays on Thursday/Friday, or other unavoidable occurrences might affect the date of deposit of funds to my account(s). This authorization will remain in effect until I give written notice to Auditor-Controller's or upon termination of my employment with County of Ventura. Upon termination of employment with the County of Ventura NO final payoffs will be processed through Direct Deposit. Written notice of changes shall not be effective until two full pay periods following receipt of the requested written change in the Auditor-Controller's office.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

<b><u>FOR PAYROLL USE ONLY</u></b>			
Pre-note _____	Pay Period _____	Direct Deposit _____	Pay Per _____
Initials		Initials	