



FOOTHILL-DE ANZA
Community College District

Direct Deposit Authorization Agreement

Employee Name: _____ Employee ID: _____

I authorize Foothill-De Anza Community College District to deposit or cancel my net pay directly into my checking and/or saving account(s) as indicated below:

Account #1: _____
Financial Institution *SAVING Acct. Number* *Amount/deposit %*

Account #2: _____
Financial Institution *SAVING Acct. Number* *Amount/deposit %*

Account #3: _____
Financial Institution *CHECKING Acct. Number* *Amount/deposit %*

Account #4: _____
Financial Institution *CHECKING Acct. Number* *Amount/deposit %*

_____ New direct deposit request. Please provide your bank phone number: _____

_____ Change percentages. (*Total % of account 1, 2, 3, 4 must equal 100%.*)

_____ Change amount to \$ _____ (*A 2nd deposit account must exist for the remaining balance.*)

_____ Suspend the account. (**Note:** *The account remains active, but with a zero percent allocation.*)

_____ Close the account #1: _____ #2: _____ #3: _____ #4: _____

_____ Other, explain: _____

I assume all responsibility of immediately notifying Payroll Services in writing if I close/change the account (s) listed above in any manner (*change financial institutions, account number, or amount, etc.*)

I understand that any funds erroneously deposited into my account in excess of my current salary entitlement may be withdrawn by the District without liability or prior notice.

Employee Signature: _____ Date: _____ Phone #: _____

Your direct deposit request may require two pay cycles (*months*) to become active. **For new accounts, please attach a copy of a void check.** Please submit the completed form to:

**Foothill-De Anza community College
District Payroll
12345 El Monte Road, Los Altos Hills, CA 94022**

Please call **(650) 949-6115** if you have any questions

To be completed by Payroll Services:

Acct#1:Code: _____ Routing No: _____ Acct No: _____ Amt/%: _____

Acct#2:Code: _____ Routing No: _____ Acct No: _____ Amt/%: _____

Acct#1:Code: _____ Routing No: _____ Acct No: _____ Amt/%: _____

Acct#2:Code: _____ Routing No: _____ Acct No: _____ Amt/%: _____

Payroll staff signature: _____ Date entered: _____