



Human Resources Office
800 College Avenue
(530) 938-5317
Weed, CA 96094

AUTHORIZATION FOR DIRECT DEPOSIT

Employee Name: _____ COS Identification #: S _____
E-Mail Address: _____
Financial Institution #1: _____ Financial Institution #2 _____
Location: _____ Location: _____
ABA Routing Number: _____ ABA Routing Number: _____
Checking Account Number: _____ Checking Account Number: _____
Savings Account Number: _____ Savings Account Number: _____
Flat Amount to deposit: _____

If you are requesting direct deposit to a savings account, please have your bank provide a printout showing the name on the account and the account and routing numbers. Attach that printout to this request form.

Paymaster, College of the Siskiyous:

Financial Institution #1

I hereby authorize Siskiyou Joint Community College District to deposit monthly payroll to the above account held in my name at _____ Bank/Credit Union.
(Name of Bank/Credit Union)

Financial Institution #2

I hereby authorize Siskiyou Joint Community College District to deposit monthly payroll to the above account held in my name at _____ Bank/Credit Union.
(Name of Bank/Credit Union)

In the event that the Employer should make a payroll deposit that the Employer at a later time determines the Employee is not entitled to, the paymaster agrees that the Employer's sole recourse for recovery of this overpayment will be from the Employee, and that the financial institution shall not in any way be responsible to the Employer for such overpayment.

Employee Signature: _____ Date: _____

ATTACH VOIDED CHECKS HERE (Deposit slips not accepted.): OR

If you do not use checks, please provide a letter from your financial institution providing the college with your financial information which must include the name of the account, the bank account number and bank routing number.