

COUNTY OF SAN LUIS OBISPO

AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSITS (ACH)

Name: _____ Employee ID # _____ Last 4 digits of SSN# _____

I authorize the County of San Luis Obispo to credit my account at:

Action: A = Add C = Change D = Delete * *Please attach a voided check for Add and Change Actions.*

MAIN Bank: *

Action: _____ Checking Account Number: _____ Amount: \$ _____
100% or Balance of Pay

Routing Number: _____ (please contact your bank for their ABA routing number)

Bank Name: _____ Address: _____

City: _____ State: _____ Zip: _____

OTHER Bank: *

Action: _____ Checking Account Number: _____ Amount: \$ _____

Routing Number: _____ (please contact your bank for their ABA routing number)

Bank Name: _____ Address: _____

City: _____ State: _____ Zip: _____

OTHER Bank:

Action: _____ Savings Account Number: _____ Amount: \$ _____

Routing Number: _____ (please contact your bank for their ABA routing number)

Bank Name: _____ Address: _____

City: _____ State: _____ Zip: _____

OTHER Bank:

Action: _____ Savings Account Number: _____ Amount: \$ _____

Routing Number: _____ (please contact your bank for their ABA routing number)

Bank Name: _____ Address: _____

City: _____ State: _____ Zip: _____

This authorization will remain in effect until the County receives a new authorization indicating a change in status. The County may terminate this automatic deposit arrangement after ten (10) days written notice.

Please note that the County does not print hard copies of remuneration statements. Statements can be viewed and printed for any pay period through the County's Employee Self Service.

I will hold the County harmless for any delays in depositing my pay, which are caused by circumstances beyond its direct control.

Signature: _____

Date: _____