

County of Sierra

Direct Deposit Enrollment/Change Form

Employee Name _____
 Employee ID _____

Retain a copy of this form for your records.
 Return the original to the Auditor's Office:
 In person: 326 Main Street, Downieville, CA 95936 By mail: PO Box 425, Downieville, CA 95936

COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY

<input type="checkbox"/> Add new	<input type="checkbox"/> Update existing account	<input type="checkbox"/> Replace existing account	Last 4 digits of the existing account number	<input type="text"/>
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Account holder's Name:		
Routing/Transit Number <input type="text"/>				
Checking/Savings Account Number** <input type="text"/>				
Financial Institution ("Bank") Name				
I wish to deposit (check one): <input type="checkbox"/> % of Net Specific Dollar Amount \$ _____ .00 <input type="checkbox"/> Remainder of Net Pay				

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Checking/Savings Account Number** <input type="text"/>				
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I wish to deposit (check one): <input type="checkbox"/> % of Net Specific Dollar Amount \$ _____ .00 <input type="checkbox"/> Remainder of Net Pay				

CONFIRMATION STATEMENT - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY

I authorize Sierra County to deposit my net earnings into the bank account(s) specified above. I certify my account(s) allow these transactions. Furthermore, I certify that the above listed account number accurately reflects my intended receiving account. I agree that direct deposit transactions I authorize comply with all applicable laws. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer/company make direct deposits into the named a account. I understand that this authorization will remain in full force and effect until I notify Sierra County in writing that I wish to revoke my authorization. I understand that Sierra County requires at least 7 business days prior to a pay period ending date to implement any changes. Please be aware employees are legally responsible to return any overpayment to the County.

Employee Signature _____ Date _____
 (Only original or digitally certified signatures accept, all other signature types will not be accepted)

All fields, except Employee ID. Form Must Be signed.
Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.