

**EMPLOYEE AUTHORIZATION FOR AUTO - PAY DEPOSIT (APD)**

El Dorado County Schools  
6767 Green Valley Road, Placerville CA 95667

ATTACH  
VOIDED  
CHECK  
HERE

I hereby authorize El Dorado County Schools on behalf of (school district) \_\_\_\_\_ to initiate credits to the Financial Institution indicated below, of my net check, to credit with the amounts thereof my checking/savings account indicated below.

FINANCIAL INSTITUTION NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_

This authorization is to remain in full force and effect until you have received written notification from me of its termination in such time and such manner as to afford El Dorado County Schools and my financial institution a reasonable opportunity to act on it.

EMPLOYEE NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

CHECKING  
 SAVINGS

***TO BE COMPLETED BY EMPLOYEE'S FINANCIAL INSTITUTION:***

FINANCIAL INSTITUTION ROUTING NO.

ACCOUNT NUMBER

-  -

**ACKNOWLEDGMENT OF SERVICES  
RELATING TO AUTO - PAY DEPOSIT (APD)**

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I acknowledge that I have been notified that:

- 1) A pre-notification (pre-note) is always sent prior to activating the deposit with real dollars. A pre-note is the initial test of the Transit/ABA/Check Digit and Account Number. A test is ALWAYS done prior to actual dollars being sent. It is for the employees' protection that we do a pre-note service. It may be **at least two months** before the auto-pay deposit will take affect.
- 2) Auto-pay deposit funds are deposited on the last working day of each month.
- 3) I understand that if I close my bank account it is my responsibility to notify my employer of this action, and, if appropriate, provide my bank account number.
- 4) I authorize employer to send Correcting Entries through bank's selected ACH processor to correct an erroneous credit entry previously initiated by Employer to my account.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SCHOOL DISTRICT

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE