



OFFICE OF THE
AUDITOR-CONTROLLER
SAN JOAQUIN COUNTY

44 N. San Joaquin St., Suite 550
Stockton, CA 95202

Phone: (209) 468-3928
Fax: (209) 468-0408

ELECTRONIC FUND TRANSFER AUTHORIZATION

Section I – Authorization Agreement

I hereby authorize San Joaquin County to deposit all payroll payments due me from San Joaquin County directly into the account named below. The authority will remain in effect until I have given San Joaquin County written notice that I have terminated it. I understand that I must give you enough notice to allow you reasonable time to act on my instructions. I understand that I will receive my payroll remittances by email only to the email address listed on this form.

***** **THIS TAKES 2 PAYDAYS*******

The first check will be mailed while we electronically verify the account numbers. The following check will be direct deposited.

Employee Information:

Employee ID/SSN _____

Print First Name _____

Print Last Name _____

Address _____

City _____

State _____

Zip _____

Telephone Number _____

Email Address _____

Employee Signature _____

Date _____

Section II – Financial Institution Information

Financial Institution Name _____

Type of Account: (Check Only One)

Regular Checking

Savings

Transit Routing/ABA Number: _____

Account Number: _____