



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

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## ELECTRONIC FUND TRANSFER AUTHORIZATION

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### **Elect or Change Direct Deposit**

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.

\*\*\*\*\* **DIRECT DEPOSIT 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 \_\_\_\_\_

#### **Financial Institution Information:**

Financial Institution Name \_\_\_\_\_

Type of Account: (Check Only One)

☐ Regular Checking

☐ Savings

Transit Routing/ABA Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

### **Discontinue Direct Deposit**

☐ I would like to stop direct deposit and receive a paycheck in the mail.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_