

**SONOMA COUNTY OFFICE OF EDUCATION
DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

I, _____, employee of Sonoma Valley Unified School District, hereby authorize the Sonoma County Office of Education and the financial institution(s) shown below, to directly deposit the amount I have indicated into my account(s). **I understand that all advices of deposit will be sent to my work email address unless I request a printed copy. ____ (PLEASE INITIAL)** If funds to which I am not entitled are deposited, I hereby authorize the Sonoma County Office of Education to either direct the financial institution to return such funds, or to request a "stop payment" of the Direct Deposit and to issue a warrant for the correct amount. **The authority will remain in effect until I have signed a CANCELLATION FORM, or have terminated from the district.**

X _____
SIGNATURE DATE

Bank Name	Name on Account	Account Number	Amount/Percent	C/S*

* C for Checking / S for Savings

For Checking, attach a voided check. For Savings, attach a notice of your account number from your financial institution.

DIRECT DEPOSIT CANCELLATION

I, _____, employee of Sonoma Valley Unified School District, hereby request that Direct Deposits to my account(s) previously authorized by the Direct Deposit Authorization Agreement be discontinued effective one pay period after receipt of this request by the aforementioned school district.

X _____
SIGNATURE DATE

For payroll related questions, please call:
Melanie Smith (A-L last names) - 707.935.6095 (or internal extension 4310)
Lynnea Gordon (M-Z last names) - 707.935.6009 (or internal extension 4330)