

# Nevada County Superintendent of Schools Automatic Payroll Deposit (APD) Enrollment Agreement

Name: _____	Employee SSN Number: _____
District: _____	Contact Phone: (____) _____
<b>Deposit Instructions:</b>	
<input type="checkbox"/> NEW APD Set Up (Pre-note Needed)	<input type="checkbox"/> CHANGE bank accounts (Pre-note Needed)
<input type="checkbox"/> CANCELLATION of APD <input type="checkbox"/> CANCELLATION BY DISTRICT (EMPLOYEE TERMINATED)	
<input type="checkbox"/> <i>Mail Final Warrant</i> <input type="checkbox"/> <i>Pick Up</i>	

**I understand:**

- I hereby authorize my employer to initiate electronic deposits via the Automated Clearing House (ACH).
- 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 employee's protection that we do a pre-note service. It will be at least one payroll before electronic banking takes effect.
- Electronic Banking (Direct Deposit) funds are deposited on the last working day of each month.
- Automatic Pay Deposit is not available to employees paid on the 10<sup>th</sup> of the month.
- I understand that if I close my account it is **my responsibility** to notify the payroll office in writing of this action ten days prior to my next pay date.
- If I fail to notify the payroll office prior to my payroll being processed, the bank will reject my direct deposit and reroute it back to the employer. This return process may take several banking days. Participants in the program agree that if this happens they will wait for the funds to be received by the employer before receiving a payroll warrant.
- I hereby authorize my employer to initiate adjusting debit entries through the bank's selected ACH processor to correct any erroneous credit entry previously initiated by my employer to my account.
- The submission and acceptance of this authorization supersedes any previously submitted direct deposit authorization(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IF DEPOSITING TO A CHECKING/SHARE DRAFT ACCOUNT, ATTACH A VOIDED CHECK TO THIS FORM.  
IF DEPOSITING TO A SAVINGS ACCOUNT, FINANCIAL INSTITUTION PROVIDES A TRANSIT ROUTING NUMBER.

Jane A. Doe 100  
 1000 Main St.  
 Anywhere, U.S.A. 10001

\_\_\_\_\_ 20 \_\_\_\_\_

PAY TO THE  
 ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

MEMO \_\_\_\_\_

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