

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

I, _____, employee of Sonoma Valley Unified School District,
PRINT NAME
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 (paystubs) will be sent to my PERSONAL 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.

ATTACH VOIDED CHECK HERE

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)