

DIRECT DEPOSIT

**PLEASE COMPLETE REVERSE SIDE AND RETURN THIS FORM TO
THE PAYROLL DEPT. - ROOM 629 OR 630**

What to do:

1. Fill out the attached form. **ALL** signatories on the bank account are required to sign this form.

AND

2. Attach a voided check from the bank account into which the funds are to be deposited.

AND

3. Return to the Payroll Department, Room 629 or 630
The Payroll offices are located in the 600 Administration Building, left of the Board Room

How it works:

It takes approximately 60 days to activate this service. If your request is received by the 10th of one month, direct deposit will take effect on the payday of the **FOLLOWING MONTH**.

For Example: You request direct deposit on February 8th

Your February pay will be processed via traditional paper check.

Your March pay will be deposited directly to your account: funds will be in your account by payday.

You can view/print your paystub by logging in at <https://my.solano.edu>, under My Solano tab > bottom right corner > "temp pay stub" - or under the Employee tab, if applicable.

One laste note:

You need to establish this process only once, whether you receive paychecks every month or not. However, you will need to reestablish this process whenever you change your bank or your bank account.

If you change or close your bank account, you **MUST** notify the Payroll department no later than the **10th** of the month in which the next pay will be processed. Failure to do so will result in a delay of your pay, should your pay be deposited into an inactive account

Contact Hai-Yen Scoccia (4471) or Jennifer Hesling (4632) for more information.

SOLANO COMMUNITY COLLEGE

AUTHORIZATION AGREEMENT FOR ELECTRONIC DEPOSITS

SCC ID# _____

Full Name _____ SSN _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

- | | |
|---|--|
| <input type="checkbox"/> Establish new electronic deposit | <input type="checkbox"/> Terminate existing electronic deposit |
| <input type="checkbox"/> Change of institution | <input type="checkbox"/> Change of account number |

I hereby authorize Solano Community College, hereinafter called COMPANY, to initiate credit entries and, if necessary, to initiate debit entries and adjustments for any credit entries in error, to my account as indicated below. I also authorize the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository (Bank) Name _____ Branch _____

Depository Address _____ City _____ Zip _____

Depository Phone _____ Transit/ABA (Routing) Number _____

Account Number _____

This authority is to remain in full force and effect until COMPANY has received written notification from me of intent to terminate in such a manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act.

I understand that a 60 day notice is required to terminate or change this authority. Initial _____

I understand that if I change or close my account and fail to notify the Payroll Dept. **prior to the 10th of the month**, my pay may be delayed for up to 2 weeks if an ACH return is processed. Initial _____

AVAILABILITY OF FUNDS

Generally, funds will be available to the employee as of the opening of business on the payment day of the payroll, provided that the employer has initiated and deposited its payroll file(s) on a timely basis. However, some remote (not located in the immediate vicinity) receiving institutions may not physically receive entries until after the opening of business on the employee's pay date. In these cases, the receiving institution may not be able to answer employee's inquiries that day; however, the funds represented by the electronic payment should be available for cash withdrawals and payment of checks presented against employee's account during that banking day. Regulation E obligates the receiving institution to post transactions as of the payment date and employee's statements should reflect that posting date.

Signature _____ Date _____

Co-Signator, if joint account _____ Date _____

Payroll Dept. Signature _____ Date _____