COUNTY OF COLUSA

Notification of Automatic Direct Deposit of County Paychecks

All employees must make a designation to participate, or not participate, in the Direct Deposit plan of County paychecks. The designation will continue until further written notice is received from the employee.

Employee Name: _____

Department: _____

Employee Signature: _____Date:_____

☐ I wish to participate in the automatic Direct Deposit of my monthly paycheck, I would like my money **split into two separate accounts**. Please see below for the account information and the allocation. *(Employees shall notify the Payroll Division of the Auditor's Office **immediately** if the banking information provided below changes.)*

Account 1 _____ ☐ Checking Account ☐ Savings Account
(Flat $ amount)

Name of Bank: _____

Bank Account Number: _____
(Can be up to 17 characters, both numbers and letters, include hyphens but omit spaces and special symbols.)

Bank Routing Number: _____
(The routing number must be nine digits, the first two digits must be 01 through 12 or 21 through 32)

Account 2 Remaining Balance ☐ Checking Account ☐ Savings Account

Name of Bank: _____

Bank Account Number: _____
(Can be up to 17 characters, both numbers and letters, include hyphens but omit spaces and special symbols.)

Bank Routing Number: _____
(The routing number must be nine digits, the first two digits must be 01 through 12 or 21 through 32)

*****PLEASE ATTACH A VOIDED CHECK OR A COPY OF A CHECK (not a deposit slip)*****