

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.
(Employees shall notify the Payroll Division of the Auditor's Office **immediately** if the banking information provided below changes.)

☐ Checking Account ☐ Savings Account

Name of bank: _____

Bank Account Number: _____

(The 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)*****

☐ I DO NOT wish to participate in the automatic Direct Deposit of my monthly paycheck.