

EMPLOYEE AUTHORIZATION FOR AUTO - PAY DEPOSIT (APD)

Amador County Public Schools
217 Rex Avenue, Jackson, CA 95642

I hereby authorize Amador County Unified School District
 Amador County Office of Education

to initiate credits to the Financial Institution indicated below, of my net check, to credit with the amounts thereof my checking/savings account indicated below.

FINANCIAL INSTITUTION NAME: _____ BRANCH: _____

This authorization is to remain in full force and effect until you have received written notification from me of its termination in such time and such manner as to afford Amador County Public Schools and my financial institution a reasonable opportunity to act on it.

EMPLOYEE NAME: _____ SOCIAL SECURITY: _____

DATE: _____ SIGNATURE: _____

<input type="checkbox"/>	CHECKING
<input type="checkbox"/>	SAVING

ATTACH VOIDED CHECK HERE

**ACKNOWLEDGMENT OF SERVICES
RELATING TO AUTO - PAY DEPOSIT (APD)**

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I acknowledge that I have been notified that:

- 1) 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 employees' protection that we do a pre-note service. It may be at least one month before the auto-pay deposit will take affect.
- 2) Auto-pay deposit funds are deposited on the last working day of each month.
- 3) I understand that if I close my bank account it is my responsibility to notify my employer of this action, and, if appropriate, provide my bank account number.
- 4) I authorize employer to send Correcting Entries through bank's selected ACH processor to correct an erroneous credit entry previously initiated by Employer to my account.

PRINT NAME

SCHOOL DISTRICT

SIGNATURE

DATE