YUBA COUNTY OFFICE OF EDUCATION
PAYROLL DELIVERY AUTHORIZATION

Employee Name _____ Social Security Number _____

Work Location _____ Date _____

I choose the below option for my end of the month pay check:

☐ **Mail to my home** (checks will be mailed the day before scheduled pay day.)
(Please print address): _____

_____

(You should be aware that if your paycheck is lost, stolen, or destroyed the County procedures for replacement requires that you complete a form and you must wait twenty (20) working days from the date on the original check before a new check can be issued.)

☐ **Direct deposit into my bank account** (attach a voided check)
(Note: You will receive an earning statement showing gross salary, taxes, other deductions and net pay via U.S. mail.)

Financial Institution:

_____

Branch Account Number

_____

City State Zip

☐ Checking ☐ Savings

I hereby authorize the YUBA COUNTY OFFICE OF EDUCATION to directly deposit my payroll check to the financial institution listed above.

This authority is to remain in full force and effect until the YUBA COUNTY OFFICE OF EDUCATION has received written notification from me of its termination in such time and in such manner as to afford the YUBA COUNTY OFFICE OF EDUCATION and the DEPOSITORY a reasonable opportunity to act on it.

Employee Signature _____ Date _____

PLEASE RETURN FORM IN SEALED ENVELOPE TO HUMAN RESOURCES DEPT.

CONFIDENTIAL