## SANTA ROSA JUNIOR COLLEGE

Employee Neme			Employee II	<b>.</b>
Employee Name_	Last Name	First Name	Employee II	<i></i>
Email Address- Required		Day time Phone Numb	er De	partment
PAYROLL DIRI	ECT DEPOSI	T OPTION(S)		
	ur account numb	voided check, OR a letter per and routing number, fo E CANNOT ACCEPT DE	r EACH option selected b	
Option Add	Primary: Fir	nancial Institution Name	Account Number:	Checking
1 Change Cancel	ALL NET PA	Y WILL BE DEPOSITED – NO I	OOLLAR AMOUNT NEEDED	Savings
Option Add	Second: Fin	ancial Institution Name	Account Number:	Checking
2 Change Cancel	DOLLAR AM	MOUNT DEPOSITED EACH PA	YDAY \$	_
Option Add	<b>Third:</b> Finar	ncial Institution Name	Account Number:	Checking
3 Change Cancel	DOLLAR AN	MOUNT DEPOSITED EACH PA	YDAY \$	
Option Add	Fourth: Fina	ancial Institution Name	Account Number:	Checking
4 Change				Savings
which I am not entitled ar to return such funds or to	and the financial inst e deposited, I hereby determine appropri	MOUNT DEPOSITED EACH PA' itution shown above/or on the atta authorize SRJC or Sonoma Coun ate corrective action or to request ljust future earnings. This authorize the corrective action or to request ljust future earnings.	ached check to deposit my pay a ty Office of Education either to o a "stop payment" of the Auto D	lirect the financial institution Deposit and to issue a warran
*I understand by co	ompleting this fo	orm my automatic deposit	will not be effective for	two payroll cycles.*
 Date			Employ	vee Signature
		CANCELLATIO	N	
I,discontinued effectiv	ve immediately af	hereby request that fter receipt of this request b	direct deposits to the according the SRJC.	ount number above be
	Employee Signature			