

This Authorization remains in full force and effect until the Payroll Department receives written notification from the employee of its termination or until the Payroll Department or appointing authority deems it necessary to terminate the agreement.

**Completion instructions and privacy notice are below. Please type or use ball point pen - print clearly.**

**SECTION A** (To be completed by employee)

1. TYPE OF ENROLLMENT ACTION: <input type="checkbox"/> New - complete sections A, B, and C <input type="checkbox"/> Change - complete sections A, B, and C <input type="checkbox"/> Cancel - complete sections A and D	2. BANNER ID NUMBER
	3. NAME (FIRST, MIDDLE, LAST)

**SECTION B** (To be completed by employee if **NEW** or **CHANGE** box in section A is checked)

1. TYPE OF ACCOUNT— Must be checked. If left blank, will be processed as <b>checking</b> . <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<b>Verify Routing/Depositor Numbers with Financial Institution</b>	
2. ROUTING NUMBER □ □ □ □ □ □ □ □ □ □	3. DEPOSITOR ACCOUNT NUMBER
4. FINANCIAL INSTITUTION NAME	
5. FINANCIAL INSTITUTION ADDRESS (Number and Street, City, State, Zip)	

**SECTION C** (To be completed by employee if **New** or **Change** box in Section A is checked)

I hereby authorize the Marin Community College District to provide for direct deposit of any salary or wages due me, less any mandatory or authorized withholding or deductions therefrom, in the above designated account.

If at any time the amount of salary or wages so deposited exceeds the amount of salary or wages actually due and payable to me, I hereby authorize the Marin Community College District to either:

- a. Withhold a sum equal to the overpayment from future salary or wages; or
- b. Recover such overpayment from the above designated account.

If the District is legally obligated to withhold any part of my wage or salary payment for any reason, or if I no longer meet eligibility requirements for the Direct Deposit program, I understand the Marin Community College District may terminate my enrollment in the program. If any action is taken by me results in non-acceptance of a direct deposit by the designated financial institution, I understand that the District assumes no responsibility for processing a supplemental salary or wage payment until the amount of the non-acceptance deposit is returned to the District by the financial institution.

100% of the net deposit will not be sent to a financial institution outside the jurisdiction of the United States	SIGNATURE	DATE
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**SECTION D** (To be completed by employee if **Cancel** box in Section A is checked)

I hereby cancel my Direct Deposit authorization.	SIGNATURE	DATE
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(continued)

**SECTION E** (To be completed by the Payroll Department)

<b>For MCCD Only:</b>  1. EFFECTIVE DATE (MO./DAY/YR.)	2. AUTHORIZED PAYROLL DEPARTMENT/FISCAL SERVICES SIGNATURE  I hereby certify that I am the duly appointed qualified and acting representative of the Payroll Department/Fiscal Services; being so authorized, do certify that this employee is eligible for direct deposit.
	SIGNATURE OF AUTHORIZED REPRESENTATIVE
	DATE PROCESSED

**PLEASE READ THIS INFORMATION CAREFULLY**

**COMPLETION INSTRUCTIONS**

1. To enroll in Direct Deposit, complete this form as follows:

**General Instructions**

Complete Sections A, B, and C if you are enrolling for the first time, re-enrolling after cancellation, or changing your existing Direct Deposit information

Complete Section A and D only if you are cancelling your enrollment.

**Specific Instructions**

Section A—(Item 1) Type of Enrollment Action

New—Complete for new enrollment or re-enrollment after cancellation

Change—Complete to change type of account, financial institution or branch (routing number), or depositor account number

Cancel—Complete to cancel your Direct Deposit

Section B—(Item 1) Indicate checking or savings account. Only one box must be checked. If left blank, will be processed as checking

(Item 2) Enter Routing Number (cannot begin with a "5" and cannot exceed 9 digits)

(Item 3) Enter Depositor Number (cannot exceed 17 digits)

Section C—According to National Clearing House Association Operating Rules, effective September 18, 2009, you are not allowed to forward 100% of your net payment to a financial institution outside of the United States (U.S.). If 100% of the net deposit is being sent outside the jurisdiction of the U.S., you are no longer allowed to participate in the Direct Deposit program and must cancel your enrollment. A paper warrant will be issued to you effective the month the cancellation is processed.

For new/change enrollments, please mark the box indicating you are aware of the requirement and are not sending 100% of the net deposit outside the jurisdiction of the U.S.

**IMPORTANT:** please verify your depositor account number and routing number by attaching a voided check or pre-printed form from your bank to assist in processing your request.

2. Forward your completed form to the Payroll Department for completion of Section E.

3. Your first payment should be deposited into your designated account within 2-3 payroll cycles after your form is received by the Payroll Department. *(continued)*

**DIRECT DEPOSIT POSTING DATES**

Direct deposit funds should be available on the District's actual pay date for all payroll cycles. Please refer to the District's posted payroll calendar for payroll cycles and pay dates.

While most financial institutions post funds to accounts at the beginning of the bank business day, this is not a universal practice. Some institutions post funds in the afternoon instead of the morning. It is strongly recommended that you check with your financial institution to determine when your funds will be available.

**CHANGING FINANCIAL INSTITUTIONS OR BANK ACCOUNT NUMBERS**

Your Direct Deposit will continue to be deposited into your designated account at your financial institution until the Payroll Department is notified that you wish to re-designate your account and/or your financial institution. To re-designate, complete and submit a new Payroll Direct Deposit Enrollment Authorization form with the new information. **Do not close your old account until your first payment is deposited into your newly designated account and/or financial institution.** Your first payment into your new account should be within 2-3 payroll cycles after your form is received by the Payroll Department. You will receive a paper warrant during this period until your direct deposit is automated.

**PRIVACY NOTICE**

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) requires that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the Payroll Department for the purposes of identification and enrollment processing. It is mandatory to furnish all information requested on this form except for financial institution name, address, and branch number or name. Failure to provide the mandatory information may result in the enrollment action not being processed or being processed incorrectly.

Legal references authorizing maintenance of this information include Government Code Sections 1151 and 1153, Sections 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act. Copies of the Payroll Direct Deposit Enrollment Authorizations are maintained in confidential files in the Payroll Department for six years. Employees have the right of access to copies of their Payroll Direct Deposit Enrollment Authorization forms upon request. The official responsible for maintenance of the forms is the Director of Fiscal Services, 1800 Ignacio Blvd., Novato, CA 94949.