



Placer County Office of Education

Direct Deposit Agreement Form

Vendor Name: _____

Phone Number: _____

Authorization Agreement

I hereby authorize Placer County Office of Education to initiate automatic deposits to my account at the financial institution named below. I also authorize Placer County Office of Education to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Placer County Office of Education responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Placer County Office of Education receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Accounts Payable Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking | Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check and return this form to the Accounts Payable Department.

Please provide a valid email address to send the ACH payment advice. _____