



MODOC COUNTY OFFICE OF EDUCATION

DIRECT DEPOSIT

ENROLLMENT AUTHORIZATION

Completion instructions and privacy notice are on the reverse of this form. Please type or use ball point pen – print clearly.

This authorization remains in full force and effect until MCOE receives written notification from the employee of its termination at least ten days prior to the employee's next pay date, or until MCOE or appointing authority deems it necessary to terminate the agreement. Your Direct Deposit will be terminated upon your termination of employment and you will receive a paper warrant for your final pay.

SECTIONS A, B, AND C MUST BE COMPLETED

SECTION A (To be completed by employee) NEW CHANGE CANCEL

NAME (First Middle Last) _____
ADDRESS _____
<input type="checkbox"/> MCOE <input type="checkbox"/> MJUSD <input type="checkbox"/> SVJUSD <input type="checkbox"/> TBJUSD <input type="checkbox"/> MONTH END <input type="checkbox"/> SUPPLEMENTAL

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

Verify Routing/Account Numbers with submitted PRE-PRINTED documentation		
TYPE OF ACCOUNT – MUST BE CHECKED. IF LEFT BLANK, ENROLLMENT <u>WILL NOT</u> BE PROCESSED		
ROUTING NUMBER (MAY NOT EXCEED 9 DIGITS)	DEPOSITOR ACCOUNT NUMBER (MAY NOT EXCEED 17 DIGITS)	AMOUNT
<input type="checkbox"/> Checking _____	_____	\$ _____
<input type="checkbox"/> Savings _____	_____	\$ _____
FINANCIAL INSTITUTION NAME: _____		
FINANCIAL INSTITUTION ADDRESS: (Number and Street) _____ (City and State) _____ (Zip) _____		
You have the choice to receive a copy of your Direct Deposit Advice sent via email or you can access the employee portal for a copy. Please check the appropriate box below and write the best email address for you to receive your advice if you so choose. (Password will be last four of SSN), <input type="checkbox"/> Yes, email my Advice <input type="checkbox"/> No, I will access portal		
Email address: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work https://modocportal.xcoe.online		

SECTION C (To be completed by employee if NEW or CHANGE box in Section A is checked)

I hereby authorize MCOE to provide direct deposit of any salary or wages due me, less any mandatory or authorized withholding or deductions there from, 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 MCOE 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; or
- c) Request refund of monies.

If the State 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 MCOE may terminate my enrollment in the program. If any action taken by me or my bank results in non-acceptance of a direct deposit by the designated financial institution, I understand that MCOE assumes no responsibility for processing a supplemental salary or wage payment until the amount of the non-acceptance deposit is returned to the Modoc County Auditor's Office by the financial institution.

SIGNATURE DATE

SECTION D (To be completed by DISTRICT & MCOE payroll offices only)

PRENOTE	DIRECT DEPOSIT	DATE RECEIVED IN DISTRICT OFFICE
Email verification by:	Email verified date:	Districts--please enter email into system forward form with information to MCOE Payroll.

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 only if you are cancelling

Specific Instructions

- Section A –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 account number.
Cancel – Complete to cancel your Direct Deposit.
Check – Which District your direct deposit is with. Mark if for month end and/or supplemental pay.
- Section B – Indicate checking or savings. One box must be checked per account. If left blank, enrollment will not be processed. You are allowed to have two direct deposit accounts. Please indicate what amounts for each account. For example: flat amount to saving and remainder to checking.
Enter Routing Number (cannot begin with a '5' and cannot exceed 9 digits).
Enter Depositor Number (cannot exceed 17 digits).
- Indicate preference for receiving Direct Deposit Advice. If NOT chosen, the advice will be available on the Employee Portal.
<https://modocportal.xcoe.online>

IMPORTANT: IT IS MANDATORY TO PROVIDE A PRE-PRINTED VOIDED CHECK OR PRE-PRINTED DOCUMENTATION DIRECTLY FROM YOUR FINANCIAL INSTITUTION WITH YOUR NAME/ROUTING NUMBER/ACCOUNT NUMBER.

2. Forward your completed form to your payroll office for completion of Section E.
3. Your first payment will be a regular check and the second check shall be deposited into your designated account(s) once the forms are received by the MCOE payroll office.

DIRECT DEPOSIT POSTING DATES

Funds for regular end of month employees will be paid on the last working day of each month. Funds should be available on payday.

While most financial institutions post funds to accounts at the beginning of the bank business day, this 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

Your Direct Deposit will continue to be deposited into your designated account at your financial institution until the MCOE payroll office is notified in writing at least ten days prior to your next pay date that you wish to redesignate your account and/or your financial institution. To redesignate, complete and submit a new 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 will be within 80 days after your form is received by MCOE payroll office. You will receive a paper warrant during this period.

CANCELING DIRECT DEPOSIT

Your Direct Deposit will continue to be deposited into your designated account at your financial institution until MCOE payroll office is notified in writing at least ten days prior to your next pay date that you wish to cancel your direct deposit.

PRIVACY NOTICE

The information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by MCOE for the purposes of identification and enrollment processing. It is mandatory to furnish all information requested on this form. Failure to provide the mandatory information may result in the enrollment action not being processed.

Legal references authorizing maintenance of this information include Government Code Section 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 Enrollment Authorization are maintained in confidential files of MCOE for six years. Employees have the right of access to copies of their Enrollment Authorization forms upon request. The official responsible for maintenance of the forms is: Modoc County Office of Education, 139 Henderson Street, Alturas, CA 96101