1. **What is APDS?**
   Automatic Payroll Deposit is a system whereby your employer arranges for the deposit of your monthly pay directly to checking or savings accounts at the financial institution of your choice. The transfer of funds is done through the Automated Clearing House. The ACH is a national organization of major financial institutions that agree to operate by a standard of set regulations and procedures concerning the exchange of funds.

2. **Who is eligible for APDS?**
   APDS is available to all regular hire employees who are paid on the month-end payroll, and who bank with an ACH member.

3. **Which financial institutions are members of ACH?**
   With very few exceptions, all banks are members of the Automated Clearing House. Many savings and loan associations and credit unions are also ACH members; however, you will need to confirm with your particular institution whether it is a member.

4. **When will my pay be deposited?**
   With APDS your pay is available to you on payday at the branch where your account is located. Your Advice of Deposit is your verification of deposit.

5. **What record of earnings will I receive?**
   On payday, each employee on APDS will receive an Advice of Deposit. It will contain the same information that currently appears on your check stub.

6. **Can I discontinue APDS at any time?**
   Yes. To discontinue APDS contact your payroll clerk and complete the cancellation request no later than the last working day of the month prior to the month in which your wish to stop APDS.

7. **What happens when I change bank accounts?**
   If you intend to change or close your account, or change banks, you must go to your payroll department and complete the appropriate forms at least two pay periods prior to making the change.

8. **Is there a charge for APDS?**
   No. APDS is provided without charge to the employee.

9. **How do I sign up for APDS?**
   To initiate automatic deposit just complete and sign the Direct Deposit Authorization form. Only one signature is required for joint accounts.

   Return the authorization form WITH A "VOIDED" PREPRINTED PERSONAL CHECK ATTACHED. Please don’t submit deposit slips, they don’t have the required information. Your bank can also provide you with the information (in printed form). **It will take two pay periods for you to be on Direct Deposit.** Your payroll clerk will advise you of the date that deposit will begin. Please provide work or personal e-mail address to have your ACH delivered in by e-mail.
TEHAMA COUNTY DEPARTMENT OF EDUCATION
RICHARD DU'VARNEY, SUPERINTENDENT

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I, ____________________________________________, employee of _____________________________
(Print Employee Name) (District Name)

hereby authorize the Tehama County Department of Education and the financial institution shown on
the check(s) below, to deposit my month-end net pay into my account(s). If funds to which I am not
entitled are deposited, I hereby authorize the Tehama County Department of Education either to direct
the financial institution to return such funds or to request a “stop payment” of the Auto Deposit(s) and to
issue a warrant for the correct amount. **This authority will remain in effect until I have signed the
cancellation section below.**

/    /   -   -
(Day)       (Social Security Number)     (Employee’s Signature)

(E-mail address) For Paystub

%     or   _____________
(Bank Account Number) (100% = Net Check) (Flat Amount)        □ Checking OR □ Savings

%     or   _____________
(Bank Account Number) (100% = Net Check) (Flat Amount)

%     or   _____________
(Bank Account Number) (100% = Net Check) (Flat Amount)


**ATTENTION**

In order for direct deposit to be effective you must
ATTACH VOIED PREPRINTED CHECK(S)/OR FORM FROM BANK HERE
FOR ALL ACCOUNTS IDENTIFIED ABOVE

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**CANCELLATION**

I, ____________________________________________ hereby request that direct deposit to the account number(s) above be
discontinued effective one pay period after receipt of this request by the Tehama County Department of Education.

/    /
(Day)     (Employee's Signature)

**Termination of employment will inactivate this direct deposit request(s)**

**Any leave of absence can suspend funds being direct deposited until employee returns to work**

Fact sheet listed on reverse side of form. Please provide a copy to employee upon request.