

DIRECT DEPOSIT

ENROLLMENT AUTHORIZATION

STD. 699 (REV. 12/2011)

COMPLETION INSTRUCTIONS AND PRIVACY NOTICE ARE ON THE REVERSE OF THE EMPLOYEE COPY. PLEASE TYPE OR USE BALL POINT PEN-PRINT CLEARLY.

This authorization remains in full force and effect until the State Controller's Office receives written notification from the employee of its termination, or until the State Controller's Office or appointing authority deems it necessary to terminate the agreement.

SECTION A (To be completed by employee)

1. TYPE OF ENROLLMENT ACTION 1. <input type="checkbox"/> NEW SECTIONS A, B, AND C MUST BE COMPLETED 2. <input type="checkbox"/> CHANGE SECTIONS A, B, AND C MUST BE COMPLETED 3. <input type="checkbox"/> CANCEL SECTIONS A AND D MUST BE COMPLETED		2. SOCIAL SECURITY NUMBER 3. NAME (First Middle Last)
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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 CHECKING <input type="checkbox"/> C (Checking) <input type="checkbox"/> S (Savings)											
Verify Routing/Depositor Numbers with Financial Institution											
2. ROUTING NUMBER <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 30px;"> </td> <td style="width: 30px;"> </td> <td style="width: 30px;"> </td> <td style="width: 30px;"> </td> <td style="width: 30px;"> </td> <td style="width: 30px;"> </td> <td style="width: 30px;"> </td> <td style="width: 30px;"> </td> <td style="width: 30px;"> </td> <td style="width: 30px;"> </td> </tr> </table>											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 State Controller's Office 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 State Controller's Office 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 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 the State Controller's Office may terminate my enrollment in the program. If any action taken by me results in nonacceptance of a direct deposit by the designated financial institution, I understand that the State assumes no responsibility for processing a supplemental salary or wage payment until the amount of the nonacceptance deposit is returned to the State 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

SECTION D (To be completed by employee if CANCEL box in Section A is checked)

I hereby cancel my Direct Deposit authorization.	DATE

SECTION E (To be completed by state agency or campus personnel/payroll office only)

1. AGENCY/CAMPUS NAME	2. AGENCY CODE	3. UNIT
4. REMARKS <input type="checkbox"/> CHECK BOX IF SEMI-MONTHLY EMPLOYEE	5. AUTHORIZED AGENCY/CAMPUS SIGNATURE I HEREBY CERTIFY THAT I AM THE DULY APPOINTED, QUALIFIED AND ACTING OFFICER OF THE HEREIN NAMED AGENCY/CAMPUS AND THAT, BEING SO AUTHORIZED, DO CERTIFY THAT THIS EMPLOYEE IS ELIGIBLE FOR DIRECT DEPOSIT.	
	TELEPHONE NUMBER <input type="checkbox"/> CHECK IF CALNET	DATE RECEIVED IN EMPLOYING OFFICE MO. DAY YR.

FOR SCO ONLY		
1. EFFECTIVE DATE		
MO.	DAY	YR.