

You will need your social security number, routing number and account number for direct deposit.

DIRECT DEPOSIT
ENROLLMENT AUTHORIZATION

STD. 699 (REV. 11/2020)

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 checked="" 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 XXX-XX-XXXX
	3. NAME (First Middle Last) CODY COYOTE

Routing number and account number for direct deposit must be provided in section "B"

Routing and account numbers may be found in your banking app, or you may contact your banking service directly.

It may also be listed on the bottom of a check.

If neither checking or savings is selected, an automatic selection will be made for checking.

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 checked="" type="checkbox"/> C (Checking) <input type="checkbox"/> S (Savings)		CHECK EITHER OF THESE BOXES
Verify Routing/Depositor Numbers with Financial Institution		
2. ROUTING NUMBER X X X X X X X X X	3. DEPOSITOR ACCOUNT NUMBER XXXXXXXXXXXX	
4. FINANCIAL INSTITUTION NAME BANK NAME HERE		
5. FINANCIAL INSTITUTION ADDRESS (Number and Street City / State ZIP) BANK'S CORPORATE ADDRESS HERE		

You will need to read and acknowledge section "c" carefully. Do not complete sections "d" or "e" if you are a new hire setting up Direct Deposit for the first time.

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 SIGN HERE	DATE DATE HERE
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