

H/DCAP

**Direct Deposit Application for
Health and/or Dependent Care Account Programs**

NAME _____
(Print last name first)

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Employee ID Number

- Initial set up of Direct Deposit**
- Change of Direct Deposit**

_____ Home Department

BANK NAME _____ BRANCH _____

(Check One Box)

AUTOMATIC PAYROLL DEPOSIT AUTHORIZATION

I hereby authorize the Sonoma County Auditor-Controller to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the above bank account and the depository as shown. (A voided check must be attached to this form)

REQUEST TO DISCONTINUE DIRECT DEPOSIT

I hereby request that direct deposits to the account number above be discontinued effective on the first reimbursement date after receipt of this request by the Auditor-Controller.

I understand there is one transmittal test before direct deposit to my new account takes place.

Signature _____

Date _____



OUT OF STATE AUTHORIZATION ONLY:

When depositing to out of state banks, there is occasionally a delay in the transmittal and receipt of the funds by the receiving bank. This delay may be for several days and the Auditor-Controller's office cannot guarantee that funds will be available on payday. We process all direct deposits in the same manner and make every effort to ensure funds are available to the employee as soon as possible. However, much of the process is not in our control. We recommend that direct deposit be set up only to banks within California. We are happy to accommodate employees with out of state financial institutions provided you are aware of the possible delays.

I understand that in setting up direct deposit to an out of state bank, my funds may not be available on payday and I willingly agree to this arrangement.

SIGN HERE **ONLY** IF YOUR BANK IS OUT OF STATE _____ DATE _____



COUNTY OF SONOMA-Payroll Division

**AUDITOR-CONTROLLER
Assistant Auditor-Controller**

***Rodney A. Dole
Donna M. Dunk***

575 Administration Dr., Room 117A
Santa Rosa, California 95403
(707) 565-6024 FAX (707) 565-4694

To: Flexible Spending Account Participant
From: Auditor-Controller's Payroll Office
Subject: Direct Deposit

Did you know that if you applied for direct deposit, your reimbursement would be **safely deposited in your checking account?**

Consider applying today. It's safe and convenient. You will still receive a statement showing exactly how much was deposited and what your reimbursement was.

Remember though, that there is a one processing-cycle delay before direct deposit takes place. There is no need to reapply year after year. **One application is good until you drop out of the program.**

Let us wait in line at the bank for you.

Try it. We think you will like it. And if not, you can cancel immediately by just notifying us in writing. What could be easier? Complete the application on the back and return it to us today.



Are you making an unnecessary trip to the bank?