



Solano County Office of Education
rapid! PayCard Issuance Authorization Form

Last Name: _____ First Name: _____

Employee ID Number: _____ Telephone Number: _____

I hereby authorize the Solano County Office of Education and the financial institution indicated below to deposit my net pay into my account. If funds to which I am not entitled are deposited, I hereby authorize the Solano County Office of Education to either direct the financial institution to return such funds or to request a "stop payment" of the Direct Deposit(s) and to issue a warrant for the correct amount. This authority will remain in effect until I have requested cancellation. I understand that forms turned in after the 10th of the month may not be processed until the following month due to payroll deadlines.

ACCOUNT INFORMATION

[X] Establish a new rapid! PayCard for direct deposit.

1. Bank Name: MetaBank

2. Will this be your primary account? Yes No

3. I wish to deposit \$ _____ /% _____ Sequence (Payroll use) _____

4. Use for A/P? Will default to "yes" if primary account is checked above. Yes No

Routing/Transit #: 124085244 Account # to be provided by Payroll: _____

[X] Checking

Any new direct deposit requests or changes to an existing deposit request for your primary bank account may result in the receipt of a "live" check for the first month after the change. Any changes to account information must be tested with the pre-note process before earnings are sent to the account. If you are adding a secondary account, all funds will continue to go into your primary account until the testing has been completed. If there are any complications with this process, you will be notified by Payroll. Please indicate how you would like your pay handled for the first month of a change when received after the pre-note process has occurred for the month:

[] Cancel current bank account and send a paper check

[] Keep current banking information for the current month

[] This is an additional account, keep current information on file and add as secondary

Signature: _____ Date: _____