



ENROLLMENT AUTHORIZATION

STD. 699 (REV 1/2005)

- 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		2. SOCIAL SECURITY NUMBER	
1. <input type="checkbox"/> NEW	SECTIONS A, B, AND C MUST BE COMPLETED	3. NAME (First Middle Last)	
2. <input type="checkbox"/> CHANGE	SECTIONS A, B, AND C MUST BE COMPLETED		
3. <input type="checkbox"/> CANCEL	SECTIONS A, B, AND D MUST BE COMPLETED		

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	3. DEPOSITOR ACCOUNT NUMBER
4. FINANCIAL INSTITUTION NAME	
5. FINANCIAL INSTITUTION ADDRESS	(Number and Street 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.

SIGNATURE	DATE
▶	

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

I hereby cancel my Direct Deposit authorization.	SIGNATURE	DATE
	▶	

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

1. AGENCY/CAMPUS NAME	2. AGENCY CODE	3. UNIT
FOR SCO ONLY 1. EFFECTIVE DATE MO. DAY YR.	4. REMARKS	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	DATE RECEIVED IN EMPLOYING OFFICE
	<input type="checkbox"/> CHECK <input type="checkbox"/> IF CALNET	MO. DAY YR.

PLEASE READ THIS INFORMATION CAREFULLY

COMPLETION INSTRUCTIONS

1. To enroll in Direct Deposit, complete this form as follows:

General Instructions

- Complete Sections A, B and C if you are enrolling for the first time, re-enrolling after cancellation, or changing your existing Direct Deposit information.
- Complete Section A and D only if you are cancelling your enrollment.

Specific Instructions

- Section A—(Item 1) Type of Enrollment Action
New—Complete for new enrollment or re-enrollment after cancellation
Change—Complete to change type of account, financial institution or branch (routing number), or depositor account number
Cancel—Complete to cancel your Direct Deposit
- Section B—(Item 1) Indicate checking OR savings. Only one box must be checked. If left blank, will be processed as **checking**.
(Item 2) Enter Routing Number and
(Item 3) Enter Depositor Number.

IMPORTANT: PLEASE VERIFY YOUR DEPOSITOR ACCOUNT NUMBER AND ROUTING NUMBER WITH YOUR FINANCIAL INSTITUTION.

2. Forward your completed form to your personnel/payroll office for completion of Section E.
3. Your first payment will be deposited into your designated account within 40 days after your form is received by the Controller's Office.

DIRECT DEPOSIT POSTING DATES

Funds for regular monthly or semi-monthly employees paid on the last day of the pay period should be available the first banking day after the end of the pay period. For example, if the pay period ends on a Wednesday, funds should be available on Thursday. If the pay period ends on a Friday, a weekend, or a holiday, funds should be available on the next banking day.

Funds for positive pay employees paid with a lag between the end of the pay period and pay day are available within two banking days after the issue date of the payment on the direct deposit earnings statement.

While most financial institutions post funds to accounts at the beginning of the bank business day, this is not a universal practice. Some institutions post funds in the afternoon instead of the morning. It is strongly recommended that you check with your financial institution to determine when your funds will be available.

CHANGING FINANCIAL INSTITUTION OR DEPOSITOR ACCOUNTS

Your Direct Deposit will continue to be deposited into your designated account at your financial institution until the State Controller's Office is notified that you wish to redesignate your account and/or your financial institution. To redesignate, complete and submit a new STD. 699 with the new information. DO NOT CLOSE YOUR OLD ACCOUNT UNTIL YOUR FIRST PAYMENT IS DEPOSITED INTO YOUR NEWLY DESIGNATED ACCOUNT AND/OR FINANCIAL INSTITUTION. Your first payment into your new account will be within 40 days after your form is received by the Controller's Office. You may receive a paper warrant during this period.

PRIVACY NOTICE

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the State Controller's Office for the purposes of identification and enrollment processing. It is mandatory to furnish all information requested on this form except for financial institution name, address and branch number or name. Failure to provide the mandatory information may result in the enrollment action not being processed or being processed incorrectly.

Legal references authorizing maintenance of this information include Government Code Sections 1151 and 1153, Sections 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act. Copies of the Enrollment Authorization are maintained in confidential files of the State Controller's Office for six years. Employees have the right of access to copies of their Enrollment Authorization forms upon request. The official responsible for maintenance of the forms is: Chief of Personnel/Payroll Operations Branch, State Controller's Office, P.O. Box 942850, Sacramento, California 94250-5878.