

**DIRECT****DEPOSIT FOR COURT APPOINTED COUNSEL PROGRAM****ENROLLMENT AUTHORIZATION**

STD. 699 (AOC 9/2005)

- COMPLETION INSTRUCTIONS ARE ON THE REVERSE OF THE PARTICIPANTS COPY. PLEASE TYPE OR USE BALL POINT PEN—PRINT CLEARLY.

This authorization remains in full force and effect until the Administrative Office of the Courts (AOC) receives written notification from the participant of its termination, or until the AOC terminates the agreement.

**SECTION A (To be completed by participant)**

1. TYPE OF ENROLLMENT ACTION	2. SOCIAL SECURITY NUMBER/FEDERAL I.D.	STATE BAR I.D.
	3. NAME First Middle Last	
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, B, AND D MUST BE COMPLETED	

**SECTION B (To be completed by participant if NEW or CHANGE box in Section A is checked)**

1. TYPE OF ACCOUNT — MUST BE CHECKED. IF LEFT BLANK, THE DEPOSIT WILL BE PROCESSED INTO CHECKING.				
<input type="checkbox"/> C (Checking)		<input type="checkbox"/> S (Savings)		
<b>Verify Routing/Depositor Numbers with Financial Institution</b>				
2. ROUTING NUMBER		3. DEPOSITOR ACCOUNT NUMBER		
4. FINANCIAL INSTITUTION NAME				
5. FINANCIAL INSTITUTION ADDRESS	Number and Street	City	State	ZIP

**SECTION C (To be completed by participant if NEW or CHANGE box in Section A is checked)**

I hereby authorize the AOC to provide for direct deposit of any court-appointed counsel compensation due me, less any mandatory or authorized withholding or deductions, in the above-designated account.

If at any time the amount of compensation so deposited exceeds the amount of compensation actually due to me, I hereby authorize the AOC to withhold a sum equal to the overpayment from future compensation.

If the AOC is legally obligated to withhold any part of my compensation payment for any reason, or if I no longer meet eligibility requirements for the Direct Deposit program, I understand the AOC may terminate my enrollment in the Direct Deposit program.

If any action taken by me results in nonacceptance of a direct deposit by the designated financial institution, I understand that the AOC assumes no responsibility for processing a supplemental compensation payment until the amount of the nonacceptance deposit is returned to the AOC by the financial institution.

SIGNATURE	DATE
▶	

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

I hereby cancel my Direct Deposit authorization.	SIGNATURE	DATE
	▶	

**SECTION E (To be completed by the Accounting Office only)**

1. AGENCY	2. AGENCY CODE	3. UNIT												
<table border="1"> <tr> <th colspan="3">FOR AOC ONLY</th> </tr> <tr> <td colspan="3">1. EFFECTIVE DATE</td> </tr> <tr> <td>MO.</td> <td>DAY</td> <td>YR.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	FOR AOC ONLY			1. EFFECTIVE DATE			MO.	DAY	YR.				4. REMARKS	5. AUTHORIZED AGENCY SIGNATURE
	FOR AOC ONLY													
1. EFFECTIVE DATE														
MO.	DAY	YR.												
		DATE RECEIVED IN AOC OFFICE												
	TELEPHONE NUMBER	MO. DAY YR.												
	<input type="checkbox"/> CHECK IF CALNET													

## PLEASE READ THIS INSTRUCTION SHEET 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 Sections A, B 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, the deposit will be processed into **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 the AOC Accounting Office (Attn: Florence Loi) for completion of Section E.
3. Your first payment will be deposited into your designated account your form is processed by the AOC (timeframes depend upon the program in which you participate – refer to Frequently Asked Questions and Answers document for your particular program).

### DIRECT DEPOSIT POSTING DATES

While most financial institutions post funds to accounts at the beginning of the 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 AOC Accounting Unit is notified that you wish to redesignate your account and/or your financial institution. To redesignate, complete and submit a new STD. 699 (AOC 9/2005) 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.