

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

STD. 699 (AOC 9/2005)

- COMPLETION INSTRUCTIONS AND PRIVACY NOTICE 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 or appointing authority deems it necessary to terminate 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.
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 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)		
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	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, in the above designated account.

If at any time the amount of compensation so deposited exceeds the amount of compensation actually due and payable to me, I hereby authorize the AOC to either:

(a) Withhold a sum equal to the overpayment from future compensation; or

(b) Recover such overpayment from the above-designated account.

If the State 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 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 compensation 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 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												
4. REMARKS		5. AUTHORIZED AGENCY SIGNATURE													
<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.				I HEREBY CERTIFY THAT I AM THE DULY APPOINTED, QUALIFIED AND ACTING OFFICER OF THE HEREIN NAMED AGENCY AND THAT, BEING SO AUTHORIZED, DO CERTIFY THAT THIS PARTICIPANT IS ELIGIBLE FOR DIRECT DEPOSIT.	
		FOR AOC ONLY													
1. EFFECTIVE DATE															
MO.	DAY	YR.													
		TELEPHONE NUMBER	DATE RECEIVED IN AOC OFFICE												
		<input type="checkbox"/> CHECK IF CALNET	MO. DAY YR.												

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 Account 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. Fifteen to thirty days after your form is received by the Accounting Unit of the Administrative Office of the Courts (AOC) your compensation will be directly deposited into your designated account.

DIRECT DEPOSIT POSTING DATES

Approved Claims are transmitted to State Controller's Office (SCO) every Monday, Wednesday, and Friday. Payments are deposited five days from the transmission day to the SCO, not counting holidays and weekends. Funds should be available the first banking day after the fifth day of transmission.

While most financial institutions post funds to accounts at the beginning of the 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. Your first payment into your new account will be within 15-30 days after your form is received by the AOC Accounting Unit. During this interim period you will receive a paper warrant for any compensation claims processed by the Appellate and Trial Court Judicial Services (ATCJS) Division.

PRIVACY NOTICE

The Information 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 AOC Accounting Office for the purpose 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 at the AOC Accounting Office for six years. Participants have the right of access to copies of their Enrollment Authorization forms upon request. The official responsible for maintenance of the form is the AOC Accounting Office, 455 Golden Gate Avenue, San Francisco, California 94102-3688.