

**Yolo County**  
**OFFICE OF**  
**EDUCATION**

**“HOLD” OF AUTOMATIC**  
**PAYROLL DEPOSIT**

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

FROM: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYEE**

Please hold my automatic payroll deposit effective: \_\_\_\_\_  
(date)

Please reactivate my automatic payroll deposit effective: \_\_\_\_\_  
(date)

EMPLOYEE NAME: \_\_\_\_\_ EMPLOYEE NUMBER: \_\_\_\_\_  
(please print)

FINANCIAL INSTITUTION: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

TYPE OF ACCOUNT (check one)    Checking \_\_\_\_\_    Savings \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_    DATE: \_\_\_\_\_

Form # PR014-HI  
Revised 5/21  
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YCOE Only: Received _____ Entered _____ Initials _____
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