

MAIL TO:
<County Fiscal Court>
<County Address>
<County City,State,Zip>
<County Phone No.>

DIRECT DEPOSIT AUTHORIZATION FORM

New Agreement

Change Account

Cancel Agreement

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize <County Fiscal Court> ("County") to initiate credit or debit entries to my account with the Financial Institution indicated below. This authority is to remain in full force and effect until County has received written notification from me of its termination in such time and in such manner as to afford County and the Financial Institution a reasonable opportunity to act on it. I understand this authorization is for direct deposit of my net pay from County; and, if necessary, to make adjustments for any entries in error to my account indicated below.

Select One:

Checking Account

Savings Account

Financial Institutions:

Name _____

Branch _____

City _____

State _____ Zip Code _____

Employee:

Routing Transit No. _____

Account No. _____

Name: _____

Soc. Sec. No. _____

Date: _____ Signed: _____

Attach: **voided check** for checking accounts **OR savings deposit slip** for savings accounts

Form will not be processed without information below

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Routing Transit No.

Account No.