

Direct Deposit Authorization Form

I hereby authorize **Buchanan County** to deposit my pay each payday in the manner described below. Please **print** neatly or **type** this form.

NAME: _____

Account 1:

Depository Name/Branch: _____

City: _____ State: _____ Zip Code: _____

Type of Account: _____

Account Number: _____ Routing Number: _____

Amount to Deposit: _____ **OR** % of Check: _____

Note: If you only have one direct deposit account to set up, skip down to the signature area now.

Account 2:

Depository Name/Branch: _____

City: _____ State: _____ Zip Code: _____

Type of Account: _____

Account Number: _____ Routing Number: _____

Amount to Deposit: _____ **OR** % of Check: _____

Account 3:

Depository Name/Branch: _____

City: _____ State: _____ Zip Code: _____

Type of Account: _____

Account Number: _____ Routing Number: _____

Amount to Deposit: _____ **OR** % of Check: _____

Note: This authorization may only be changed once a year. Employees wishing direct deposit should consult Administrative Services at ext. 528 for help filling out this form.

ATTACH EITHER A VOIDED CHECK OR A COPY OF A CHECK.

A deposit form WILL NOT work.

Signature Area:

Signature

Date