

DIRECT DEPOSIT AUTHORIZATION

*This authorization form is used for direct deposit of payroll. Employees requesting direct deposit must complete and sign the authorization form which the payroll department retains on file. Employees should include a **VOIDED CHECK** from their **BANK ACCOUNT** to verify information on the authorization form.*

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

EMPLOYER NAME: **PUTNAM COUNTY**

LOCATION: **245 E MAIN ST
OTTAWA, OH 45875**

I hereby authorize my EMPLOYER to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account or accounts listed below.

ABOUT YOUR ACCOUNT(S) (Where you want your deposit to go)

FINANCIAL INSTITUTION NAME: _____

FINANCIAL INSTITUTION ROUTING #: _____

ACCOUNT #: _____

TYPE OF ACCOUNT: (please circle) CHECKING SAVINGS

This authority is to remain in full force until EMPLOYER has received written notification from me of a change in bank information or my termination in such timely manner as to afford EMPLOYER and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

NAME: _____ EMPLOYEE #: _____

DATE: _____ SIGNATURE: _____