



# AUTHORIZATION FOR DIRECT DEPOSIT

Current Date \_\_\_\_\_

Date Received in payroll \_\_\_\_\_

I hereby authorize Orange County, Virginia to initiate credit entries to my account(s) with the Depository (Bank) shown below. To change or discontinue direct deposit to one or more accounts a new form must be submitted to payroll ten (10) days prior to month end. Any requests received after the deadline cannot be guaranteed for the current month payroll.

For savings accounts, please **attach a deposit slip** to this form

For checking accounts, please **attach a VOIDED check** to this form

Name: \_\_\_\_\_

Dept: \_\_\_\_\_

E-mail: \_\_\_\_\_

SSN (Last 4 digits): \_\_\_\_\_

Signature: \_\_\_\_\_

Add     Change     Delete

Bank Name (1): \_\_\_\_\_

Deposit Amount: \_\_\_\_\_

Account #: \_\_\_\_\_

Put "entire" if you want your whole check deposited, "remainder" if you want the amount after all other deposits, or list a specific deposit amount.

Routing #: \_\_\_\_\_

Checking     Savings

Add     Change     Delete

Bank Name (2): \_\_\_\_\_

Deposit Amount: \_\_\_\_\_

Account #: \_\_\_\_\_

Put "entire" if you want your whole check deposited, "remainder" if you want the amount after all other deposits, or list a specific deposit amount.

Routing #: \_\_\_\_\_

Checking     Savings

Add     Change     Delete

Bank Name (3): \_\_\_\_\_

Deposit Amount: \_\_\_\_\_

Account #: \_\_\_\_\_

Put "entire" if you want your whole check deposited, "remainder" if you want the amount after all other deposits, or list a specific deposit amount.

Routing #: \_\_\_\_\_

Checking     Savings

## **CANCELLATION**

I HEREBY AUTHORIZE THE COUNTY OF ORANGE TO CANCEL MY DIRECT DEPOSIT AUTHORIZATION AGREEMENT

**PLEASE RETURN TO PAYROLL DEPT.**

Signature: \_\_\_\_\_

Entered by: \_\_\_\_\_

Date: \_\_\_\_\_