



AUTHORIZATION FOR DIRECT DEPOSIT

I hereby authorize Cuyahoga County, and the depository named below to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit in error to my (select one):

_____ Checking Account _____ Savings Account

**** I AM CURRENTLY ENROLLED IN DIRECT DEPOSIT ****

_____ yes _____ no

DEPOSITORY INFORMATION:

Name of Bank or Financial Institution _____

Branch _____

City _____ State _____ Zip _____

Account Number _____

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FOR OFFICE USE ONLY : Transit/ABA no. _____

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I clearly understand that the depository named above will be in receipt of credit entries on the Friday morning of payday, or in the event of a holiday week which involves payroll, the Friday evening of payday. This authority is to remain in full force and effect until Cuyahoga County has received WRITTEN NOTIFICATION from me of its termination in such time and in such manner as to afford Cuyahoga County a reasonable time to act on it.

Name: _____ Soc. Sec No. _____
(print)

Signature: _____ Date _____

***Please attach Deposit Slip ***

PAYROLL DEDUCTION AUTHORIZATION

_____ **Initial Authorization** _____ **Change in Authorization**

I hereby authorize Cuyahoga County to deduct from my salary the amounts set below and to deposit these funds at the indicated Financial Institution for each bi-weekly payroll period following receipt of this Authorization until further notice from me. If this is a change in a previous Authorization, I instruct Cuyahoga County to cancel my previous Authorization and to follow this Authorization. If I fail to cancel this Authorization upon filing for bankruptcy, Cuyahoga County and the Financial Institution are instructed to make and apply deductions in accordance with this Authorization.

DEPOSIT AMOUNT:

_____ Net check

_____ \$ _____
(indicate amount of deduction)

Name of Bank or Financial Institution _____

Branch _____

City _____ **State** _____ **Zip** _____

Account Number _____

=====

FOR OFFICE USE ONLY : Transit/ABA no. _____

=====

Name: _____ **Soc. Sec No.** _____
(print)

Signature: _____ **Date** _____

Please attach Deposit Slip