



Hall County Payroll

Payroll Electronic Deposit Authorization Form

PART I Employee Information

I authorize Hall County to deposit my pay to my checking or savings account(s) and, if there are any errors, to make the necessary corrections to my account.

(Check One) Deposit Action:	New:	<input type="checkbox"/>	Change:	<input type="checkbox"/>	Stop:	<input type="checkbox"/>
Full Name:	_____					
Employee Number:	_____	Social Security Number:	XXX - XX - _____			
Department:	_____					
Work Phone:	_____					
Signature:	_____					
Date:	_____					

PART II Employee Bank Information

Bank 1 Name:	_____				
Routing Number:	_____				
Account Number:	_____				
Account Type:	Checking:	<input type="checkbox"/>	Savings:	<input type="checkbox"/>	
Amt/Perc to be Deposited:	\$	_____	or	_____	%

Bank 2 Name:	_____				
Routing Number:	_____				
Account Number:	_____				
Account Type:	Checking:	<input type="checkbox"/>	Savings:	<input type="checkbox"/>	
Amt/Perc to be Deposited:	\$	_____	or	_____	%

PART III Special Instructions

Return this form AND a **VOIDED CHECK** or **DEPOSIT SLIP** for each bank account, to the Payroll Office