



# Direct Deposit Authorization Agreement

*All Employees Must Sign Agreement*

## SECTION 1: PERSONAL INFORMATION

Employee Name	Date of Birth	Social Security Number	Work Telephone
Home Address (Street, city, State, Zip) (No PO Box)			Home Telephone
Department / Division Name			Department Number

## SECTION 2: DIRECT DEPOSIT

SUBMIT Deposit slip(s), Voided Check(s), or other Financial Institution Documentation with Correct Account Number(s) and Routing Number(s) for each account listed with this form.

I authorize Smith County and the financial institutions listed below to automatically deposit my new pay each payday into the account(s) and in the amount(s) specified below. If Smith County erroneously deposits funds to which I am not entitled into my account(s), I authorize Smith County to initiate the necessary correcting debit entries to withdraw funds from my account(s) to correct the error or overpayment. I acknowledge that this authorization may be rejected or discontinued by Smith County at any time. I understand that this authorization replaces any previous authorization relating to Smith County's payment to me, and unless terminated by Smith County, this authorization will remain in full force and effect until Smith County has received written notification from me of its termination in such time as to afford it a reasonable opportunity to act, or I add a new account or change existing account information, which will require a new agreement for all accounts. Amount changes only to an existing agreement, do not require a new agreement. I understand that any deposit rejects from my financial institution(s) that are no fault of the County Auditor's office, terminates my Direct Deposit Agreement with the rejected accounts. I understand that it is my responsibility to verify that my net pay is actually deposited into my account(s).

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Primary Financial Institution Name		Address (Street, City, State, Zip)	
Transit/ABA # (Routing #)		Account Number	Telephone
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Full or Partial (mark "full" if only 1 account) <input type="checkbox"/> Full <input type="checkbox"/> Partial	Note: Primary account amount specification is not required	
Financial Institution Name (Additional Account # 1)		Address (Street, City, State, Zip)	
Transit/ABA # (Routing #)		Account Number	Telephone
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Partial <input type="checkbox"/>	Amount \$	<input type="checkbox"/> CHANGE AMOUNT ONLY - Requires Institution Name, Account #, and New Account
Financial Institution Name (Additional Account # 2)		Address (Street, City, State, Zip)	
Transit/ABA # (Routing #)		Account Number	Telephone
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Partial <input type="checkbox"/>	Amount \$	<input type="checkbox"/> CHANGE AMOUNT ONLY - Requires Institution Name, Account #, and New Account
Financial Institution Name (Additional Account # 3)		Address (Street, City, State, Zip)	
Transit/ABA # (Routing #)		Account Number	Telephone
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Partial <input type="checkbox"/>	Amount \$	<input type="checkbox"/> CHANGE AMOUNT ONLY - Requires Institution Name, Account #, and New Account
Financial Institution Name (Additional Account # 4)		Address (Street, City, State, Zip)	
Transit/ABA # (Routing #)		Account Number	Telephone
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Partial <input type="checkbox"/>	Amount \$	<input type="checkbox"/> CHANGE AMOUNT ONLY - Requires Institution Name, Account #, and New Account