

DIRECT DEPOSIT AUTHORIZATION

Name: _____
Last First Middle Initial

Social Security No.

CHECK ONE New Enrollment
 Change Notice
 Cancellation

PRIMARY ACCOUNT		
Name of Bank, Credit Union, or Savings & Loan		
Address		
City	State	Zip
Account No.: _____		
Account Type () Checking () Savings		
Routing No: _____		

SECONDARY ACCOUNT		
Name of Bank, Credit Union, or Savings & Loan		
Address		
City	State	Zip
Account No. _____		
Account Type () Checking () Savings		
Routing No: _____		
Amount to be Deposited to this Account Only:	\$ _____	

If you want the entire amount of your net pay deposited into one account, complete the "Primary Account" section only.

If you want your net pay distributed to (TWO) separate account, complete both sections. The "Secondary Account" MUST always be a FIXED amount, the balance of your pay will be deposited into your primary account.

Bob Jones	2048
Pay VOID	\$ _____
First National Bank	
:00 2100 66: 770"964076"2121	

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REQUIRED!!

A VOIDED CHECK, OR DEPOSIT SLIP MUST BE ATTACHED TO THIS FORM FOR COMPLETION OF DIRECT DEPOSIT AUTHORIZATION. IT IS ADVISED THAT YOU CONTACT YOUR BANKING INSTITUTION TO VERIFY THE ACCURACY OF 'ABA' TRANSIT ROUTING & ACCOUNT NUMBERS THAT ARE PRINTED AT BOTTOM OF CHECK

PLEASE READ THE FOLLOWING STATEMENT AND ADD SIGNATURE AT THE BOTTOM OF FORM

I hereby authorize Louisa County to deposit my net pay to my checking and/or savings account(s) at the financial institution(s) named above. The company may cause my account(s) at these same financial institutions to be charged in the event of over deposit, but only to the extent of the over deposit (reason - OVERPAID). Should my net pay be less than the amount designated in the secondary account, the entire net pay will be deposited in the primary account.

I agree to hold the above-named financial institution harmless for wrongful deposits or adjustments not caused by their institution. Also, I understand it will take the payroll department approximately two payrolls to process my enrollment, change, or cancellation. There is not an absolute guarantee that funds will be available on Fridays if there is an unforeseen breakdown of communication systems. Please note that this has not happened since we implemented this system but if it does occur, the County is not responsible for deposits reaching your account on Monday. The issue will be resolved as soon as possible.

This authority is to remain in full force and effect until Louisa County has received written notification from me to terminate this notice in such time and manner as to afford Louisa County and the Financial Institution a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE	DATE

Auditor's Office File Stamp Here:

Employee Printed Name: _____