



County of Hamilton

DUSTY RHODES
— AUDITOR —

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT PAYROLL

1 FINANCIAL INSTITUTION INFORMATION AND ACCOUNT TYPE

I hereby authorize the County of Hamilton to initiate electronic credit entries and, if necessary, with prior notification to me, debit entries to reverse erroneous credits, to my

Checking Savings (Please select only one.)

account indicated below, and to the financial institution named below to credit and/or debit the same such account.

FINANCIAL INSTITUTION NAME: _____

CITY / STATE: _____

PHONE NUMBER : -

2 PRIORITY OF DEPOSIT: [1 or 2 or 3]

3 AMOUNT OF DEPOSIT: \$ _____ or DEPOSIT BALANCE

4 EMPLOYEE INFORMATION

This authority shall remain in full force and effect until the County of Hamilton has received written notification from me of its termination in such time and in such manner as to afford the County of Hamilton and financial institution a reasonable opportunity to act upon it.

NAME: _____

EMPLOYEE ID#: DEPT #

Date: _____

Signature: _____

5 ATTACH VOIDED CHECK OR DEPOSIT SLIP SHOWING PREPRINTED ACCOUNT AND BANK ROUTING NUMBERS

X

If this is an account where checks are not used, then complete the 9 digit bank routing number and the account number.

Be advised that you are responsible for providing the correct information. If it is incorrect, the deposit will not be posted to the appropriate account and could result in charges against your account from your financial institution.

Routing Number - 9 digits

Account Number

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT PAYROLL INSTRUCTIONS

1. FINANCIAL INSTITUTION INFORMATION AND ACCOUNT TYPE

Use only one (1) form for each financial institution you want for the Direct Deposit of your paycheck. A total of three (3) institutions will be permitted. Please check this in the appropriate box as either for "Checking" or "Savings".

Some financial institutions will accept a direct deposit and allocate it among various accounts i.e., savings, mortgage loan, car payment, etc. Contact your financial institution to see if they provide this service. There is usually no charge.

Next, fill in the name, city and state and a contact number for your financial institution. If you bank or save at a branch of a financial institution, you may list that branch's city, state and phone number.

2. PRIORITY OF DEPOSIT

This is applicable only if you are Direct Depositing to more than one (1) financial institution. Again, up to three (3) will be permitted. This situation applies whenever your net pay will permit. The priority applies whenever your net pay is less than the amount(s) you have designated for Direct Deposit (i.e., leave without pay, garnishments, etc.). When you are depositing to more than one financial institution, fixed amounts receive a higher priority than the deposit balance.

3. AMOUNT OF DEPOSIT

For each financial institution you use for your Direct Deposit, specify either a fixed dollar amount or the available balance amount of your net pay. If you receive an increase in pay at a future date, you may need to revise the form if you wish to change the fixed amount. If you only choose the deposit balance, any increase in net pay will automatically be Direct Deposited.

4. EMPLOYEE SIGNATURE / ID# / DATE

This should be self explanatory. Print your name and sign the form. Your employee ID# can be found on your paystub, in the payroll software, or from your payroll officer.

5. VOIDED CHECK

Attach a voided check that shows the preprinted account and bank routing numbers. If this is an account where checks are not used, then complete the 9 digit bank routing number and your account number.

Be advised that an incorrect bank routing number or account number could delay the posting of your funds to the proper account and could result in charges against your account from your financial institution.

Your close attention to the Instructions for Direct Deposit set forth above is greatly appreciated. If you have any questions on the form, contact the Auditor's Payroll staff at 946-4214.