



# County of Hamilton

DUSTY RHODES  
AUDITOR  
COUNTY ADMINISTRATION BUILDING  
138 EAST COURT STREET  
CINCINNATI, OHIO 45202

## AUTHORIZATION AGREEMENT FOR CANCELLATION OF DIRECT DEPOSIT PAYROLL

### 1. FINANCIAL INSTITUTION INFORMATION AND ACCOUNT TYPE

I hereby authorize the County of Hamilton to CANCEL electronic credit entries to my

Checking  please select  
Savings  only one

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

FINANCIAL INSTITUTION NAME

CITY, STATE

ROUTING/TRANSIT/NUMBER

ACCOUNT NUMBER

### 2. EMPLOYEE SIGNATURE / ID# / DATE / EMPLOYEE DEPARTMENT NUMBER

NAME

EMPLOYEE ID#

SIGNATURE \_\_\_\_\_

EMPLOYEE DEPARTMENT NUMBER

# **AUTHORIZATION AGREEMENT FOR CANCELLATION OF DIRECT DEPOSIT PAYROLL**

## **INSTRUCTIONS**

### **1. FINANCIAL INSTITUTION INFORMATION AND ACCOUNT TYPE**

**Use only one (1) form for each financial institution you want for Direct Deposit cancellation of your paycheck.**

**A total of three (3) institutions will be available for only one (1) account per institution.**

**Please check this in the appropriate box as either for "Checking" or "Savings".**

### **2. EMPLOYEE SIGNATURE/ID#/DATE/EMPLOYEE DEPARTMENT NUMBER**

**This should be self-explanatory. Please print your name and then sign below.**