



Authorization Agreement for Direct Deposit of Payroll

Instructions:

1. Fill in all information including the type of account, name of the financial institution, bank transit routing number, account number, and the dollar amount to be deposited for each account.
2. **Please attach a voided personal check (if a savings account, a letter from your bank stating your account & routing number).**
3. Sign and return the form to the Auditor's Office Payroll Department.

Important Reminders:

1. Payroll deposits are credited to your account on the date that the salary payments are due (payday).
2. All new or changed direct deposit requests will be effective on the second payroll date following the receipt of the request.
3. Requests to terminate a direct deposit must be received 7 business days prior to payday in order to be effective.
4. Failure to notify in a timely manner of changed or closed accounts may substantially delay the receipt of payments if funds are deposited into closed accounts.

NOTE: When changing net primary account, your former account(s) will be discontinued and a check will be issued.

Employee ID # _____ Last Name _____ First Name _____ MI _____

****Up to two fixed amount may be processed as well as one net pay deposit.****

Account Type	Name of Financial Institution	Bank Transit Routing Number	Account Number	Amount or Net Pay
1. <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> New Election/Bank Change <input type="checkbox"/> Change Deposit Amount <input type="checkbox"/> Terminate Existing Election				
2. <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> New Election/Bank Change <input type="checkbox"/> Change Deposit Amount <input type="checkbox"/> Terminate Existing Election				
3. <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> New Election/Bank Change <input type="checkbox"/> Change Deposit Amount <input type="checkbox"/> Terminate Existing Election				

I hereby authorize Delaware County to initiate credit entries (deposits) for the direct deposit of payroll to the checking and/or savings account(s) as indicated above and the depository indicated above to credit the same to such account. I further authorize Delaware County to initiate debit entries (reversal/withdrawals) to the checking or savings account(s) indicated above and the depository indicated above to debit the same to such account if necessary to correct previous credit entries. You will be notified in advance should any corrective measures need to be taken. This authority is to remain in full force and effect until Delaware County has received written notification from me of its termination in such time and in such manner as to afford Delaware County a reasonable opportunity to act on it.

Employee Signature: _____ Date: _____

(If name on account differs from Employee)

Account Holder Signature: _____ Date: _____

If Depositing into a Checking Account, Please Attach a Voided Check



Routing Number	Account Number	Check Number
241022233	333962222	2048
(9 digits : begins w/ 01-12 or 21-32)		

Please remember we do not accept deposit slips. A voided check is needed for checking account deposits. If depositing to a savings account, a letter from your bank stating your account & routing number.