

Crawford County

Direct Deposit Authorization Form

Name _____

SSN -- -- _____

Start depositing my net earnings on all payrolls into my checking or savings account(s) (see below).

Stop depositing my net earnings on all payrolls into my checking or savings account(s) (see below).

Change my bank(s) and checking or account number(s) as shown below. My net earnings are now being deposited.

Effective Date of Changes _____

Please attach a voided personal check, or deposit slip to ensure accurate account information.

Bank Information

You may designate direct deposit by either percent or amount, but not both. This direct deposit information will be used to distribute ALL payroll payments from Crawford County.

1). Name of Financial Institution	_____		
Address	_____		
City	_____	State	_____
Zip	_____	Bank Routing Number	_____
*Percent	<input type="checkbox"/>	or	Amount <input type="checkbox"/>
(NOTE: If you enter an amount, a second financial institution MUST be entered below and the remaining blank box must be checked)			
Type of Account	Checking <input type="checkbox"/>	Account Number	_____
	Savings <input type="checkbox"/>		

2). Name of Financial Institution	_____		
Address	_____		
City	_____	State	_____
Zip	_____	Bank Routing Number	_____
*Percent	<input type="checkbox"/>	or	Remaining Balance <input type="checkbox"/>
(NOTE: Total Percent must equal 100.)			
Type of Account	Checking <input type="checkbox"/>	Account Number	_____
	Savings <input type="checkbox"/>		

I certify that I am the owner, or joint owner, of the account(s) designated and am entitled to provide this authorization. I authorize Crawford County to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account(s) listed above. Employees will be notified in writing beforehand, if adjustments need to be made to their accounts. This authorization will remain in effect until Crawford County receives written notice of direct deposit termination from me, in such time and manner as to afford reasonable opportunity for Crawford County and the Financial Institution(s) to act on it. I understand that the very earliest I can expect my checking or savings account(s) to be credited will be on payday. Also, if I change or terminate my account(s) without notifying Crawford County Payroll in writing, I understand that my pay may be delayed. This authorization may be discontinued only by my written request.

Signature of Employee

Date