

## DIRECT DEPOSIT AUTHORIZATION AGREEMENT PUTNAM COUNTY

PO Box 758 Palatka, FL 32177 **Phone**: 386-329-0221

To sign up for or change your Direct Deposit:

- (1) Complete the Authorization below;
- (2) THIS FORM WILL REPLACE YOUR OLD FORM. IF YOU ARE ADDING OR CHANGING AN ACCOUNT, YOU MUST INCLUDE ALL PREVIOUS ACCOUNTS THAT YOU STILL WANT TO BE ACTIVE. For new accounts you must attach a photocopy of a voided personal check, savings deposit slip(s), and/or the account numbers from the bank representing the designated accounts to which funds will be deposited. Check with your financial institution(s) to verify the correct account and routing numbers to be used;
- (3) Please circle the correct action below (add, change, or no change);
- (4) FORWARD TO HUMAN RESOURCES. AFTER ACCOUNTS HAVE BEEN VERIFIED, CHANGES WILL TAKE EFFECT 2 WEEKS AFTER COMPLETED AGREEMENT IS RECEIVED BY PAYROLL.

You may designate a total of four accounts (two checking/two savings) at one financial institution or two accounts (one checking/one savings) at two separate financial institutions. Each payday you will receive a Notice of Deposit that will show the same information you are currently receiving on your pay stub. You should never close out a bank account without canceling your Direct Deposit first. This will cause a delay in receiving your paycheck.

| AUTHORIZATION   |                      |                  |              |           |    |           |
|---|----------------------|------------------|--------------|-----------|----|-----------|
| I hereby authorize Putnam County Board of County Commissioners, hereinafter called the County, to verify my account and bank routing numbers. I hereby authorize the County to initiate deposits at the financial institution(s) indicated below. |                      |                  |              |           |    |           |
| 1) Institution Name:  |                      |                  |              |           |    |           |
| Add/Change<br>No Change   | Checking Account No. | Bank Routing No. |              | Amount \$ | OR | Net Check |
| Add/Change<br>No Change   | Savings Account No.  | Bank Routing No. |              | Amount \$ | OR | Net Check |
| 2) Institution Name:  |                      |                  |              |           |    |           |
| Add/Change<br>No Change   | Checking Account No. | Bank Routing No. |              | Amount \$ | OR | Net Check |
| Add/Change<br>No Change   | Savings Account No.  | Bank Routing No. |              | Amount \$ | OR | Net Check |
| CANCEL - I choose to terminate my Direct Deposit Authorization Agreement.   |                      |                  |              |           |    |           |
| Employee Name (Please Print)  |                      |                  | Employee No. |           |    |           |
| Employee Signature  |                      |                  | Date         |           |    |           |
| Department  |                      |                  | Phone Number |           |    |           |

Rev: 06/12/09