

Direct Deposit Authorization Agreement

I hereby authorize the County of Union to initiate by electronic means credit entries of my net earnings into my account. If necessary, debit entries and adjustments for any errors can be made. I authorize the depository entity to accept and to credit or debit the amount of such entries to my account in the name of:

Employee Name _____

Employee # _____

SSN# (last 4 digits) XXX-XX-____ _

Bank 1 _____

Acct # _____ Transit # _____ Type _____

Savings or Checking

Bank 2 _____

Acct # _____ Transit # _____ Type _____

Savings or Checking

Dollar Amount of Bank 1 \$ _____

(ONLY fill out \$ amount if you have 2 accounts)

The remainder will be automatically deposited into Bank 2.

Note: New Accounts will be tested. Process takes 1 full pay

PLEASE Enroll in **“Employee Experience”** to protect your account, preview your payroll and reprint paystubs. Every time you make a direct deposit change you will receive an email indicating that a change has been processed. To enroll contact Payroll at extension x4082 or your department’s Personnel Liaison for a shortcut. After you enroll you can download the APP to your smartphone. Great Employee Tool to have.

Signature _____ **Date** _____

Attach Blank Check Here or Proof of Account Ownership

Your name MUST be printed on Check or Proof provided.