

Authorization Agreement for Direct Deposit

New Set-up Change Termination

Employee Name: _____ Employee #: _____

Effective Date: _____

I hereby authorize County of Hertford to deposit my pay and initiate credit entries or such adjusting entries, either debits or credits which are necessary for correction, to the account(s) and bank(s) I have indicated below. No corrections will be made without prior notification.

Account	Bank Name	City, State, Zip	Routing Number	Account Number	Amount
Checking					
Checking					
Checking					
Savings					
Savings					

This authorization is to remain in full force and effect until County of Hertford has received a new authorization from me specifying any changes. New authorizations must be received no later than two weeks prior to the effective date.

Signature of Employee: _____ Date: _____

Attach a voided check here.