

COUNTY OF ELK

I request that my net pay
be deposited at:

Name of financial institution

Address

Transit Routing Number

Deposit to
Account No.

Check one:

_____ Checking Account

_____ Savings Account

Name (Please Print)

Employee Social Security Number

*Note: A voided check must be attached to
this form before direct deposit can go into
effect.*

Authorization Agreement for Direct Deposit:

I hereby authorize the direct deposit of my net pay by my employer, County of Elk, in the account and financial institution indicated above. Such direct deposit will be made on each succeeding payday, unless I choose to terminate this agreement in writing to my employer. Any such notification to my employer shall become effective following receipt, after a reasonable opportunity to act on it.

Employee Signature

Date

*FORM MUST BE SIGNED.