

Direct Deposit Authorization

Employee Name: _____

New (initial authorization) Change

Type of Account: Checking Savings

Name of Financial Institute: _____

Bank Routing Number (9-digits): _____

Account Number: _____

I authorize Scotland County to initiate credit entries or adjusting entries, either debit or credit, to the above reference account. This authority will remain in effect until I modify or cancel in writing and give proper notification to Scotland County, allowing the County appropriate time to respond to the request.

Failure to provide correct information may result in returned funds. Returned funds take up to ten (10) business days to reprocess.

Attachment

Include a voided check or proper bank issued document confirming the above information.

Please note the paper clip icon at the bottom left of the screen. Form will not be submitted without attachment.

Direct Deposit Authorization will not be processed without a voided check or document from financial institution with proper banking information.

Signature of Employee: _____ Date: _____