

Direct Deposit Authorization Form

I authorize GRANT County Clerk to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry in error to my account indicated below and the financial institution named below, to credit and/or debit the same to such account. This authority is to remain in full force and effect until GRANT County Clerk has received written notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Date: _____

Employee Name: _____

Employee Social Security Number: _____

Financial Institution Information

Financial Institution: _____

Address: _____

City, State and Zip: _____

Phone Number: _____

Routing Transit Number: (Normally found on left side of a personal check) _____

Employee Account Number: (Normally the middle number on a personal check) _____

Account Type: (Checking or Savings) _____

Check One:

I am not currently participating in the direct deposit program

Add - Deposit my pay into the account shown

I am currently participating in the direct deposit program

Change - Change financial institutions and/or account number

Cancel - Stop my participation in the program

Please attach a void check.

Allow 1-2 pay periods for processing. You will receive a normal paycheck until the changes have been processed.

Employee Signature _____