

STAPLE VOIDED CHECK/DEPOSIT SLIP BELOW

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT		
Social Security Number - -	Employee Name	Department Name

I hereby authorize Carter County to deposit my net pay, and all other non-payroll amounts due to me, automatically to my account at the financial institution/credit union indicated below to credit and/or debit the same such account. I understand if my account information changes that I must notify the Finance Department of such change in order to correct this agreement. I further understand that, in the event I terminate my employment, my payroll deposits will continue to be made to the above account until the last payment, which will be made by check, while all non-payroll deposits of amounts due will continue to be made until such time as I properly execute another authorization agreement. **I understand that this transaction will be processed within 30 working days upon receipt of this form in the Finance Department. I further understand that a paycheck will be issued to me on the first payday after this transaction has been processed; the following payday, my payroll will be deposited to my new account.**

Employee Signature

Date

Type of Account **Checking Savings**

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