DIRECT DEPOSIT AUTHORIZATION FORM

You have the option to have your paycheck deposited ***into a maximum of three (3) checking and/or savings account(s)*** on payday. Multiple accounts may be used but **you MUST determine how much goes into each account.** The first account listed will be the Primary Account which will be the offset of all other accounts listed.

Instructions to complete this form:

1. Mark the account-type box to indicate whether it is a checking or savings account(s).
2. Fill in your name, name and location of each financial institution(s).
3. Attach a voided check for verification of all financial institution(s) information. If you are unable to attach a voided check, please fill in your transit/routing number and account number for each account/financial institution(s).
4. Be sure to sign the form.

PRIMARY ACCOUNT

☐ Checking (Please attach voided check) ☐ Savings account.

This authority will remain in effect, until I cancel it in writing. **$ Net**_____
Amount

_____
Financial Institution

_____
Branch Name /Location

_____
City, State

Transit/Routing (ABA) Number

Account Number at Financial Institution
Attach voided check, pre-printed deposit slip or letter from bank with your account information.

☐ Check box for additional accounts, complete other side of form.

Employee's Authorization
I authorize my employer, Accomack County, and the financial institution(s) listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries which were incompletely funded by my employer or for any credit entries otherwise in error to my account.

_____ _____
Employee Signature Date

_____
Employee Name

The County of Accomack is committed to a diverse and inclusive workplace

SECONDARY ACCOUNT 2

☐ Checking (Please attach voided check) ☐ Savings account each payday.

This authority will remain in effect, until I cancel it in writing. **$**_____
Amount

_____
Financial Institution

_____
Branch Name /Location

_____
City, State

Transit/Routing (ABA) Number

Account Number at Financial Institution
Attach voided check, pre-printed deposit slip or letter from bank with your account information.

ADDITIONAL ACCOUNT 3

☐ Checking (Please attach voided check) ☐ Savings account each payday.

This authority will remain in effect, until I cancel it in writing. **$**_____
Amount

_____
Financial Institution

_____
Branch Name /Location

_____
City, State

Transit/Routing (ABA) Number

Account Number at Financial Institution
Attach voided check, pre-printed deposit slip or letter from bank with your account information.