Direct Deposit Authorization

To Authorize Automatic Payroll Deposits

EMPLOYE INFORMATION	
Name:	**Department:**
Social Security Number:	**Employee Number:**

ACCOUNT #1		
☐ New Account	☐ Change Account Information	☐ No Change
Name of Financial Institution:		**Routing Number:**
Account Type: ☐ Checking Account ☐ Savings Account		**Account Number:**

ACCOUNT #2 (Optional)			
☐ New Account	☐ Change Account Information	☐ Change Amount	☐ No Change
Name of Financial Institution:			**Routing Number:**
Account Type: ☐ Checking Account ☐ Savings Account			**Account Number:**
Amount to be Deposited Per Payroll:			

- I hereby authorize Madison County Commission (the "County") to directly deposit my payroll payments in the account(s) listed above as specified. (If two accounts are designated, Account #1 will receive the net remaining balance after the amount for Account #2 is deposited.) I hereby grant the County the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.
- I acknowledge that to complete this authorization I must provide a voided check, copy of a check, pre-printed deposit slip, or a direct deposit form with printed account information from my financial institution(s) with this form.
- This authorization is to remain in force until the HR Department has received written authorization from me of its termination or change and has a reasonable amount of time (15 days) to act on it. The first payroll payment occurring after enrollment, cancellation, or change will be completed via a paper check unless otherwise stated.
- I further understand that all automatic deposits and credits to or withdrawals and debits from my account(s) under this authorization will be subject to all rules, regulations, agreements, and disclosure statements of Madison County Commission and the Institution governing accounts and preauthorized transfers to and from accounts.
- I understand that any fees assessed to me by the Financial Institution for my failure to provide proper notice will be my responsibility.

Employee Signature: _____ Date: _____

Please return this form to Madison County HR.

For internal use:

☐ Office Drop Off	☐ Employee ID provided / confirmed on: / /	by: _____
☐ Email	☐ Confirmed via phone with employee by:	
☐ Fax	☐ Confirmed via phone with employee by:	
☐ U.S. Mail	☐ Confirmed via phone with employee by:	
☐ Input into New World on: / /	by: _____	