

Delaware County Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Delaware County** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Delaware County** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Delaware County** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Delaware County** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Employee Information

Name (Last, First, MI): _____

Mailing Address: _____

City, State, Zip: _____ Initial Sign Up Change

Account Information

Name of Primary Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking Savings

Additional Account Information

This allows you to deposit part of your net pay into other accounts.

Name of Financial Institution: _____

Routing Number: _____ Amount: \$ _____

Account Number: _____ Checking Savings

Name of Financial Institution: _____

Routing Number: _____ Amount: \$ _____

Account Number: _____ Checking Savings

Signature

Employee Signature: _____ Date: _____

Note: A period of 10 business days is required for pre-noting at the bank before the deposit becomes effective.

Please attach a voided check or deposit slip and return this form to the Payroll Department.