

Direct Deposit Authorization Form

Name and Social Security # : _____

() I hereby authorize Murray County Government to process my payroll via Direct Deposit as follows:

Account #1 Bank Name _____
 Bank Routing # _____
 Bank Account # _____
 Is this account () checking or () Savings
 How much should be deposited to this account?
 () full amount of check
 () full check less portion allocated to Account #2

Account #2 Bank Name _____
 Bank Routing # _____
 Bank Account # _____
 Is this account () checking or () Savings
 How much should be deposited to this account?
 () fixed amount of \$ _____

Agreement

I hereby authorize and request Murray County Government (the company) to initiate credit entries and, if necessary, debit entries in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named. This direct deposit authorization is to remain in effect until withdrawn by: (a) me in writing with sufficient notice to allow adequate time to effect termination; (b) my death or legal incapacity; (c) the financial institution or (d) the company.

Please allow 2 to 4 weeks for your direct deposit to begin. Please be sure your direct deposit has stopped before closing the deposit account. Funds sent to a closed account are delayed a few days upon their return.

Attach a voided check to this form for verification. Savings account information should be verified with your financial institution and a voided deposit slip attached.

Employee Signature

Date

Date File Amended: _____