

Clay County Board of County Commissioners
DIRECT DEPOSIT AUTHORIZATION FORM
(ACH Credits)

Employee Name: <i>(please print)</i>		Employee #:	
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I / We hereby authorize Clay County Board of County Commissioners, and the financial institution listed below to initiate electronic credits and, if necessary, debit entries and adjustments for any credit entries in error listed below each payday. This authority will remain in effect until I cancel it in writing to the Human Resources Department. Your direct deposit should begin within two pay periods, after we receive your completed form. ****Notify Human Resources immediately if you close or change Bank Account****

EXISTING ACCOUNT:

Financial Institution:				
Type of Account: <i>(Check only one)</i>	CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	HSA <input type="checkbox"/>	OTHER: _ _____ <i>(Specify)</i>
CHANGE:	INCREASE <input type="checkbox"/>	DECREASE <input type="checkbox"/>	STOP <input type="checkbox"/>	
FROM: \$ _____		TO: \$ _____		

NEW ACCOUNT INFORMATION:

Financial Institution:				
Type of Account: <i>(Check only one)</i>	CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	HSA <input type="checkbox"/>	OTHER: _ _____ <i>(Specify)</i>
Transit/ ABA/ Routing #		Account Number:		
Direct Deposit Amount: <i>(please specify amount)</i>	ALL <input type="checkbox"/>	Amount: \$ _____	Amount: _____ %	
Employee Signature:			Date:	
Signature**:			Date:	

**** Joint Accounts require signatures for individuals on the account.**

Checking Account: *Attach voided check here*

Saving Account: *Attach deposit slip and obtain ABA routing number from your bank or copy of wallet card here.*

Health Savings Account: *Attach Health Savings Application Form*