

SPARTANBURG COUNTY

Authorization For Direct Deposit

Revised 06/04/15

PLEASE PRINT:

EMPLOYEE #: _____ EMPLOYEE NAME: _____

Account 1 Information: Add Change Delete Change Flat Dollar Amount Only No Change

Financial Institution Name

Transit/Routing Number

Account Number

CHECKING
 SAVINGS

ALL OR You may enter a flat dollar amount: _____

Note: If funds are to be deposited into only one account, select the "ALL" box. If a flat dollar amount is entered, you must provide the additional account information below for the allocation of the remaining balance.

Account 2 Information: Add Change Delete Change Flat Dollar Amount Only No Change

Financial Institution Name

Transit/Routing Number

Account Number

CHECKING
 SAVINGS

Remaining Balance OR You may enter a flat dollar amount: _____

Note: If a flat dollar amount is entered, you must provide additional account information below for the remaining balance.

Account 3 Information: Add Change Delete Change Flat Dollar Amount Only No Change

Financial Institution Name

Transit/Routing Number

Account Number

CHECKING
 SAVINGS

Remaining Balance OR You may enter a flat dollar amount: _____

Note: If a flat dollar amount is entered, you must provide additional account information below for the remaining balance.

Account 4 Information: Add Change Delete No Change

Financial Institution Name

Transit/Routing Number

Account Number

CHECKING
 SAVINGS

Remaining Balance

STAPLE A VOIDED CHECK FOR EACH ACCOUNT HERE (No starter checks or deposit slips)

If you do not have checks available for an account listed above, please attach an Account Verification Form signed by a representative of your banking institution. Account Verification Forms are available online, in Human Resources and in the Finance Department.

Staple the account verification form to the back of this authorization for direct deposit.

By completing and signing this form, you authorize SPARTANBURG COUNTY to initiate credit entries in the amounts specified, each pay day, to the financial institutions and accounts indicated. You also authorize Spartanburg County to initiate debit entries to your accounts up to the amount of the overpayment only. This authorization is to remain in full force and effect until SPARTANBURG COUNTY has received written notification from me of its termination in such time and in such manner as to afford SPARTANBURG COUNTY a reasonable opportunity to act on it.

DATE: _____ SIGNATURE: _____