



JEFFERSON COUNTY PAYROLL DIRECT DEPOSIT ENROLLMENT/CHANGE FORM

I hereby authorize my employer to directly deposit my net pay into the bank account(s) as specified below. I am attaching voided checks for the checking account(s) and/or letters from the financial institution for the savings account(s) specified below. Jefferson County is not responsible for any erroneous information provided. Also, I grant my employer the right to correct any electronic funds transfer resulting from an erroneous overpayment by debiting my account(s) to the extent of such overpayment. This authorization is to remain in force until the company has received written authorization from me of its cancellation or change, with the exception of a termination status.

Note: Funds transmitted by electronic transmission typically post to accounts by the last day of each month. The Employee remains responsible for verifying their funds are available prior to writing checks or debiting account versus any electronically transmitted amount.

Employee Name: _____ Department: _____

Employee Signature: _____ Date: _____

New requests or changes must be submitted to Finance by the 20th of each month to receive a direct deposited check.

- New Enrollment: Attach voided check(s) for checking and/or letters from the financial institution for savings accounts.
- Change: present financial institutions and/or accounts (Attach voided check and/or letter from financial institution for savings).
- Cancel Direct Deposit: Complete the information below for account(s) to cancel.

For new enrollments, attach a voided check for each checking account – not a deposit slip. If depositing into a savings account(s), you must provide a letter from your financial institution which provides the routing and account number. **New or Change of Enrollment forms will not be processed if you do not provide a voided check or letter from your financial institution.**

I. Bank Name: _____ Checking Savings

Routing/ABA #: _____ Account #: _____

Entire Net Check Specific Amount: \$ _____

II. Bank Name: _____ Checking Savings

Routing/ABA #: _____ Account #: _____

Entire Net Check Specific Amount: \$ _____

III. Bank Name: _____ Checking Savings

Routing/ABA #: _____ Account #: _____

Entire Net Check Specific Amount: \$ _____

ATTACH VOID CHECK(S) AND/OR LETTERS FROM THE FINANCIAL INSTITUTE FOR SAVINGS ACCOUNTS

VOID CHECK HERE
NO DEPOSIT SLIP

VOID CHECK HERE
NO DEPOSIT SLIP

VOID CHECK HERE
NO DEPOSIT SLIP