

# PULASKI COUNTY PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

Payroll Department

Phone 340-8388

Fax 340-3502

**EMPLOYEE**

NAME \_\_\_\_\_ DEPT# \_\_\_\_\_ EMP# \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Complete this section for net pay option. **ATTACH A VOIDED CHECK HERE.** ⇒

Type of Request: <input type="checkbox"/> NEW <input type="checkbox"/> STOP CURRENT NET PAY <input type="checkbox"/> CHANGE TO: <u>OPTION 2 OR OPTION 3</u> <i>CIRCLE ONE</i>
Bank Name _____
Bank Routing No. _____ <small>(First nine digits on check)</small>
Personal Account Number _____
Account Type: (Check One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings <b>NET PAY OPTION</b>

For a second option, complete below. **ATTACH DOCUMENTATION HERE.** ⇒

Type of Request: <input type="checkbox"/> NEW <input type="checkbox"/> STOP CURRENT OPTION 2 <input type="checkbox"/> CHANGE TO: <u>OPTION 1 OR OPTION 3</u> <i>CIRCLE ONE</i>
Bank Name _____
Bank Routing No. _____ <small>(First nine digits on check)</small>
Personal Account Number _____
Account Type: (Check One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
TOTAL AMOUNT TO BE REMITTED _____ <b>OPTION 2 - FIXED AMOUNT</b>

For a third option, complete below. **ATTACH DOCUMENTATION HERE.** ⇒

Type of Request: <input type="checkbox"/> NEW <input type="checkbox"/> STOP CURRENT OPTION 3 <input type="checkbox"/> CHANGE TO: <u>OPTION 1 OR OPTION 2</u> <i>CIRCLE ONE</i>
Bank Name _____
Bank Routing No. _____ <small>(First nine digits on check)</small>
Personal Account Number _____
Account Type: (Check One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
TOTAL AMOUNT TO BE REMITTED _____ <b>OPTION 3 - FIXED AMOUNT</b>

**AUTHORIZATION**

I hereby authorize Pulaski County, hereafter called COUNTY, to initiate direct deposit credit entries to my account number(s) listed above and authorize the Financial Institution to accept and credit the same to my account. This authorization shall remain in force and effect until the County receives written notice from me terminating this agreement. I understand my written notice to change the above information must be received by the Payroll Department at least two weeks prior to the payday in order for the change to be effective and processed or cancelled by the Payroll Department. I further authorize the County to initiate debit entries or adjustments to said account(s) as may be necessary to correct any erroneous credit entries previously initiated thereto and I authorize the Financial Institution to accept and to credit or debit the amount of such entries. I will not hold the County responsible for delay; loss or misapplication of funds due to incorrect or incomplete information supplied by me or my financial institution or failure of my financial institution to correctly credit my account. I understand that an unforeseen delay in payroll processing by any outside entity (automated clearinghouse or financial institution) due to computer down-time, power outages or other unavoidable occurrences might affect the date of deposit of funds to my account. I understand the County and the financial institution may cancel this agreement at any time.

\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**DATE**

**THIS FORM MUST BE RETURNED TO THE PAYROLL DEPARTMENT.**