

Bandera County
Direct Deposit
Authorization Form

TIMESHEET
ENVELOPE

I (we) hereby authorize Bandera County, hereinafter called Company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry in error to my (our) account indicated below and the financial institution named below, hereinafter called Depository, to credit and/or debit the same to such account. This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Date:	Name:	Bank Name:
SSN:	Routing #:	Bank Acct Number:

IMPORTANT! CHECK TYPE OF ACCOUNT: CHECKING SAVINGS

Signature

Check One:

I am not currently participating in the Direct Deposit program.

ADD—Deposit my pay to the account shown.*

I am currently participating in the Direct Deposit program.

CHANGE—Change financial institutions and/or account number.*

CANCEL—Stop my participation in the program.

SPLIT—Add the following account(s) to my current Direct Deposit.

ROUTING #: _____ ACCT #: _____ AMOUNT:\$ _____ C/S

ROUTING #: _____ ACCT #: _____ AMOUNT:\$ _____ C/S

ROUTING #: _____ ACCT #: _____ AMOUNT:\$ _____ C/S

ROUTING #: _____ ACCT #: _____ AMOUNT:\$ _____ C/S

ROUTING #: _____ ACCT #: _____ AMOUNT:\$ _____ C/S

ROUTING #: _____ ACCT #: _____ AMOUNT:\$ _____ C/S

*Due to the time required for Company and bank processing, allow one or two pay periods for processing. You will receive a regular paycheck until the change can be processed.

OFFICE USE ONLY:

Date Called to Verify Banking Information: _____

Date Direct Deposit Authorized: _____