

# Authorization Agreement for Direct Deposit of Paycheck

One authorization form required for each Action

Effective Date: \_\_\_\_\_ (ASAP OR specific date)

(Note: Each new account will go through a pre-note process that will take at least one full two week payroll cycle.)

**New Checking Account:**

Attach a copy of a voided check or a document from the bank with your name, account number, routing number. (Deposit Slip not acceptable).

**New Savings Account:**

Attach document from institution with your Name, Account Number, & Bank Routing Number. (Deposit Slip not acceptable).

**Change Existing Account:**

Check only if you are changing dollar amount of Partial Deposit. If you are changing banks, you **MUST** cancel the existing account.

**Cancel Account:**

Payroll must cancel direct deposits **BEFORE** you cancel your account at the bank.

**Payroll Debit Card:**

Card will be mailed to your home within 5-7 business days. Card is electronically reloaded each pay.

**Type of Account (Please check one):**

Checking

Savings

**Deposit Instructions (Please check one):**

full deposit

**OR**

Partial deposit of \$\_\_\_\_\_ Per Biweekly Pay

I hereby authorize \_\_\_\_\_  
(Financial Institution Name)

to allow direct deposits from Livingston County into the account number listed below.

**ACCOUNT NUMBER** \_\_\_\_\_

**BANK TRANSIT/ABA NUMBER** \_\_\_\_\_

(Located at the bottom of your check to the left of your account no./check with financial institution for savings info.)

**Last 4 digits of Social Security# (required) XXX-XX** \_\_\_\_\_

**PLEASE NOTE THAT, EXCEPT FOR EMPLOYEES CURRENTLY PAID BY DIRECT DEPOSIT, FAILURE TO RETURN THIS FORM WITHIN 30 DAYS OF RECEIPT WITH ACCOUNT INFORMATION NECESSARY TO IMPLEMENT DIRECT DEPOSIT WILL BE PRESUMED TO INDICATE CONSENT TO RECEIVING WAGES THROUGH A PAYROLL DEBIT CARD**

If funds to which I am not entitled are deposited to my account, I authorize the County to direct the financial institution to return said funds to the County.

Employee Name (print or type) \_\_\_\_\_ Dept \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

This authorization is to remain in effect until the Payroll receives the employee's written notification to terminate this agreement or upon termination of employment.

***Staple and return form with voided check or bank document to the Payroll Department***

NOTES: \_\_\_\_\_

Questions: Please contact Jordan Brown 517-540-8761 or Amy Hill 517-540-8757

**Print & Clear Form**