

# DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Name \_\_\_\_\_

SSN \_\_\_\_\_

Department \_\_\_\_\_

Work Phone \_\_\_\_\_

\_\_\_\_\_ New Authorization

\_\_\_\_\_ Authorization Change

\_\_\_\_\_ Cancel Direct Deposit

I hereby authorize **Johnson County** to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereafter called Financial Institution, to credit and debit the same entries to such account.

### PRIMARY ACCOUNT / NET PAY (must be completed )

Check One	Financial Institution	ABA#	Account#		Check One
___ New					___ Checking
___ Existing					___ Savings

### PARTIAL DEPOSIT (optional - for multiple account/institution deposits)

Check One	Financial Institution	ABA#	Account#	Amt or %	Check One
___ New					___ Checking
___ Existing					___ Savings
___ New					___ Checking
___ Existing					___ Savings
___ New					___ Checking
___ Existing					___ Savings
___ New					___ Checking
___ Existing					___ Savings
___ New					___ Checking
___ Existing					___ Savings

ATTACH VOIDED  
CHECK/DEPOSIT SLIP  
HERE (copy of voided check  
is acceptable)

**Important:** For checking and money market accounts, please attach a voided check to identify routing, transit, and account numbers. The ABA# is a series of nine numbers located on the bottom left-hand corner of your check. Money Market accounts are considered checking accounts for the purpose of Direct Deposit. **For savings accounts, please attach a voided savings account deposit slip** or contact your financial institution for written verification of the ABA# and account number.

I understand that should my net pay be less than the amount(s) designated for Partial Deposit, the entire net pay will be deposited in the (Partial Account). This Direct Deposit authority is to remain in full effect until Johnson County has received written notification from me of its termination in such time and manner as to afford Johnson County a reasonable opportunity to act on it, or until Johnson County has sent me ten (10) days written notice of Johnson County's termination of this arrangement. I understand that my final check upon termination may not be processed through Direct Deposit.

Signature \_\_\_\_\_ Date \_\_\_\_\_