

# Beaufort County Direct Deposit Authorization Form

\_\_\_\_\_  
Print Name (Last Name, First Name)

\_\_\_\_\_  
Department

\_\_\_\_\_  
Social Security Number

<input type="checkbox"/> NEW HIRE	(Mandatory to enroll)
<input type="checkbox"/> CHANGE	(If you already receiving a check & want to change to direct deposit) (Or want to change banks or account information.)

The necessary banking information is given below:

**Account #1** Type: (circle one) Checking or Savings

Name of Bank	_____
Bank's Address (City, State, Zip)	_____
Bank Routing Number (1st set of numbers at the bottom of the check)	_____
Account Number (2 <sup>nd</sup> set of numbers at the bottom of the check)	_____
Amount to be deposited \$	_____

**Account #2** Type: (circle one) Checking or Savings

Name of Bank	_____
Bank's Address (City, State, Zip)	_____
Bank Routing Number (1st set of numbers at the bottom of the check)	_____
Account Number (2 <sup>nd</sup> set of numbers at the bottom of the check)	_____
Amount to be deposited \$	_____

**Please attach a voided check for checking account deposits. If you are depositing to a savings account, please attach a savings deposit slip.**

I authorize Beaufort County to make deposits to my account as indicated. I also authorize any necessary debit entries or adjustments for entries made in error to my account.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

<u>Prenote Date</u>	<u>D/D Date</u>	<u>Verify Initials</u>
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