

# 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 are currently receiving a check & want to change to direct deposit) or<br>(If you 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 (1 <sup>st</sup> 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 \$ _____ NET _____

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

Name of Bank _____
Bank's Address (City, State, Zip) _____
Bank Routing Number (1 <sup>st</sup> 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 \$ _____

**For Checking Accounts: Attach a voided copy of your preprinted check (Deposit slips for checking accounts are not acceptable)**

**For Savings Accounts: Contact Financial Institution for proper document**

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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