

DATE OF HIRE: _____

DIRECT DEPOSIT AUTHORIZATION

I HEREBY AUTHORIZE SAN PATRICIO COUNTY TO INITIATE CREDIT ENTRIES AND TO INITIATE DEBIT ENTRIES, IF NECESSARY, DEBIT ENTRIES AND ADJUSTMENTS FOR ANY CREDIT ENTRY IN ERROR TO MY 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 SAN PATRICIO COUNTY PERSONNEL OFFICE HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD SAN PATRICIO COUNTY TREASURER'S OFFICE AND DEPOSITORY A REASONABLE OPPORTUNITY TO ACT ON IT.

EMPLOYEE

FINANCIAL INSTITUTION

NAME: _____

NAME: _____

EMPL# _____

ADDRESS: _____

DEPT.# _____

CITY, ZIP _____

SIGNATURE: _____

DATE: _____

CHECK ONE:

- _____ ADD - MY PAYROLL TO THE DIRECT DEPOSIT PROGRAM
_____ CHANGE - MY FINANCIAL INSTITUTION AND/OR MY ACCOUNT #
_____ CANCEL - MY PARTICIPATION IN THE DIRECT DEPOSIT PROGRAM

DUE TO THE TIME REQUIRED FOR SAN PATRICIO COUNTY AND THE BANK PROCESSING, ALLOW ONE OR TWO PAY PERIODS FOR COMPLETION. YOU WILL RECEIVE A REGULAR PAYCHECK UNTIL YOU SEE NON-NEGOTIABLE ON CHECK.

CHECK TYPE OF ACCOUNT
_____ CHECKING _____ SAVINGS

TAPE VOIDED CHECK HERE