

## **Direct Deposit Authorization Form**

Name and Social Security # : \_\_\_\_\_

I hereby authorize Murray County Government to process my payroll via Direct Deposit as follows:

Account #1      Bank Name \_\_\_\_\_  
Bank Routing # \_\_\_\_\_  
Bank Account # \_\_\_\_\_  
Is this account  checking or  Savings  
How much should be deposited to this account?  
 full amount of check  
 full check less portion allocated to Account #2

Account #2      Bank Name \_\_\_\_\_  
Bank Routing # \_\_\_\_\_  
Bank Account # \_\_\_\_\_  
Is this account  checking or  Savings  
How much should be deposited to this account?  
 fixed amount of \$ \_\_\_\_\_

### **Agreement**

I hereby authorize and request Murray County Government ( the company ) to initiate credit entries and, if necessary, debit entries in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named. This direct deposit authorization is to remain in effect until withdrawn by: (a) me in writing with sufficient notice to allow adequate time to effect termination; (b) my death or legal incapacity; (c) the financial institution or (d) the company.

Please allow 2 to 4 weeks for your direct deposit to begin. Please be sure your direct deposit has stopped before closing the deposit account. Funds sent to a closed account are delayed a few days upon their return.

Attach a voided check to this form for verification. Savings account information should be verified with your financial institution and a voided deposit slip attached.

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Employee Signature

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Date

Date File Amended: \_\_\_\_\_