

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize Washoe County to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my accounts and the depository named below. This agreement is to remain in effect until Washoe County has received written notification from me on its termination at such time and in such a manner as to afford Washoe County a reasonable time to act on it. I understand that it is possible that funds will not be available until the Monday or Tuesday after payday.

Name: (print) _____ Personnel #: _____

Signature: _____ Date: _____

NOTE: Attach a voided check for a checking account or a deposit slip for a savings account to validate the account information for each deposit requested. Without a voided check or deposit slip this request will not be processed. Return this form to Washoe County Comptroller - Payroll Division.

Direct Deposit One – Remaining net pay will be posted to this account

Jane A.Doe 1000 Main Street Anywhere, U.S.A. 1001		_____ 20XX
Pay to the order of _____		\$ _____ Dollars
Memo _____		_____
1212000248	1234567891	

Direct Deposit Two – Please indicate the dollar amount to be posted to this account each payday \$ _____

Jane A.Doe 1000 Main Street Anywhere, U.S.A. 1001		_____ 20XX
Pay to the order of _____		\$ _____ Dollars
Memo _____		_____
1212000248	1234567891	

Direct Deposit Three – Please indicate the dollar amount to be posted to this account each payday \$ _____

Jane A.Doe 1000 Main Street Anywhere, U.S.A. 1001		_____ 20XX
Pay to the order of _____		\$ _____ Dollars
Memo _____		_____
1212000248	1234567891	