

EL DORADO COUNTY

EMPLOYEE PAYROLL DIRECT DEPOSIT AUTHORIZATION

DEPARTMENT/DISTRICT NAME: _____

I AUTHORIZE EL DORADO COUNTY TO INITIATE CREDIT TO THE FINANCIAL INSTITUTION INDICATED BELOW, FOR THE PURPOSE OF CREDITING THE AMOUNT OF MY BIWEEKLY PAYCHECK TO MY ACCOUNT SHOWN BELOW:

FINANCIAL INSTITUTION NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BRANCH: _____ ACCOUNT NO.: _____

ACCOUNT TYPE: CHECKING SAVINGS* *SAVINGS AMOUNT: _____

*For a specific dollar amount to savings, net check must go to checking.

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL YOU HAVE RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION.

NAME: _____ SOC SEC #: _____

DATE: _____ SIGNATURE: _____

ATTACH VOIDED CHECK:

Auditor's Pay Section Use Only:

Financial Institution Routing No.

Grid for Financial Institution Routing No. (9 columns)

Account Number Information

Grid for Account Number Information (10 columns)

Bank Code _____ Screen 224 _____ Screen 216 _____ Screen 98 _____ Screen 97 _____