

AUTHORIZATION FOR DIRECT DEPOSIT OF PAYROLL

County of Marshall, Indiana *an Equal Opportunity Employer*

I hereby authorize deposit of my net pay by MARSHALL COUNTY in the account and financial institution indicated below. If I need to make any changes of the information provided below, I shall do so in writing to MARSHALL COUNTY. Any such changes submitted to MARSHALL COUNTY shall become effective following receipt, after a reasonable opportunity to act on it.

In the event that MARSHALL COUNTY deposits funds erroneously into my account, I authorize MARSHALL COUNTY to debit my account for an amount not to exceed the original amount of the credit.



Employee Signature

Date

Name of Financial Institution

Routing #

\$_____
Amount

City, State Zip Code

Account Number

Checking Saving

Name of Financial Institution

Routing #

\$_____
Amount

City, State Zip Code

Account Number

Checking Saving

Employee Name - Print

Address

City, State Zip

Please attach a voided check to this form