



# County of Currituck

## Direct Deposit Enrollment/Cancellation Form

**Please note: Employee's name must be on accounts in order for the banks to process the direct deposit. Beneficiary status is not classified as account ownership.**

### Section I - Employee Information

Employee Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Type of Action:      Begin Deposit            Effective Date of Change      \_\_\_\_\_  
                                  Change Information        
                                  Cancel Deposit            \*\*\*\* Voided check must be attached for all accounts\*\*\*\*

### Section II - Bank Information

#### Main Account:

**Your net check will go to this account. If you wish to deposit to multiple accounts, the remainder of your check will go to this account.**

Bank Name: \_\_\_\_\_ Bank Routing Number (ABA): \_\_\_\_\_  
 Bank Address: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ **Circle one**      **Checking or Savings**  
 Bank Phone Number: \_\_\_\_\_ Amount      **Net Check**

#### Second Account:

Amount to this account must be a flat dollar amount. This amount will be deposited in your account on each paycheck.

Bank Name: \_\_\_\_\_ Bank Routing Number (ABA): \_\_\_\_\_  
 Bank Address: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ **Circle one**      **Checking or Savings**  
 Bank Phone Number: \_\_\_\_\_ Amount

#### Third Account:

Amount to this account must be a flat dollar amount. This amount will be deposited in your account on each paycheck.

Bank Name: \_\_\_\_\_ Bank Routing Number (ABA): \_\_\_\_\_  
 Bank Address: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ **Circle one**      **Checking or Savings**  
 Bank Phone Number: \_\_\_\_\_ Amount

### Section III - Authorization

I herein authorize the County of Currituck to deposit any amounts owed to me by initiating credit entries to my account at the financial institutions stated above. Further, I authorize the Bank to accept and to credit entries indicated by the County to my account. In the event the County deposits funds erroneously into my account, I authorize the County to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until the County has received notice from me of its termination in such way and in such manner as to afford the County a reasonable opportunity to act on it.

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only:

Payroll Records Adjusted:      Date \_\_\_\_\_      Adjusted by \_\_\_\_\_