



COUNTY OF CULPEPER DIRECT DEPOSIT AUTHORIZATION

Employee Name: _____ Emp No: _____ Last four SSN: _____

Please complete all applicable sections. Attach verification for all new accounts, such as a voided check, or an account identification card. Direct deposit slips are not an acceptable form of verification.

I request that the account information listed below be ADDED CHANGED DELETED

Name of Financial Institution: _____ Type: Checking Savings

Routing Number _____ Account Number _____

I want the entire amount fixed amount of _____ to be deposited into the account.

I request that the account information listed below be ADDED CHANGED DELETED

Name of Financial Institution: _____ Type: Checking Savings

Routing Number _____ Account Number _____

I want the entire amount fixed amount of _____ to be deposited into the account.

I request that the account information listed below be ADDED CHANGED DELETED

Name of Financial Institution: _____ Type: Checking Savings

Routing Number _____ Account Number _____

I want the entire amount fixed amount of _____ to be deposited into the account.

In signing this form I authorize my payroll check to be sent to the Financial Institution(s) to be deposited into my account.

Employee Signature

Date

Entered into payroll by

Date