

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Indian River County Board of County Commissioners

Tax ID No. 59-6000674

Employee's Name: _____

Employee Number: _____

DIRECT DEPOSIT INFORMATION (It may take up to two pay periods to process this request)

1	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Enrollment (New Account) <input type="checkbox"/> Change - To my existing authorization for account number _____ <input type="checkbox"/> Cancel Financial Institution Name: _____ Routing Number: _____ Account Number: _____ <input type="checkbox"/> Percentage of net pay _____% (Total percentage must not exceed 100%) <input type="checkbox"/> Fixed Amount \$ _____
2	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Enrollment (New Account) <input type="checkbox"/> Change - To my existing authorization for account number _____ <input type="checkbox"/> Cancel Financial Institution Name: _____ Routing Number: _____ Account Number: _____ <input type="checkbox"/> Percentage of net pay _____% (Total percentage must not exceed 100%) <input type="checkbox"/> Fixed Amount \$ _____
3	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Enrollment (New Account) <input type="checkbox"/> Change - To my existing authorization for account number _____ <input type="checkbox"/> Cancel Financial Institution Name: _____ Routing Number: _____ Account Number: _____ <input type="checkbox"/> Percentage of net pay _____% (Total percentage must not exceed 100%) <input type="checkbox"/> Fixed Amount \$ _____

Please attach one of the following for each direct deposit: (Must show both the routing number and account number).

* Checking Accounts - A voided check

* Savings Accounts – A deposit/withdrawal slip or a copy of the Financial Institutions Identification Card

I hereby authorize my employer, Indian River County Board of County Commissioners (IRCBCC), to initiate electronic credit entries and, if necessary, adjustments for any credit entries made in error, to my financial institution(s). This agreement is to remain in full force and effect until IRCBCC has received written notification from me of its termination in such time and in such manner as to afford IRCBCC and the financial institution named above a reasonable opportunity to act on it.

Employee's Signature: _____

Date: _____