

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

Indian River County Board of County Commissioners  
Tax ID No. 59-6000674

Check one:    Enroll         Change         Delete

Employee Number: \_\_\_\_\_

Employee's Name (*PLEASE PRINT*): \_\_\_\_\_

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) listed below:

**Checking Account**

Name of Financial Institution: \_\_\_\_\_

- 100% of net pay
- Specific dollar amount    \$ \_\_\_\_\_

**Savings Account**

Name of Financial Institution: \_\_\_\_\_

- 100% of net pay
- Specific dollar amount    \$ \_\_\_\_\_

**NOTE TO EMPLOYEE:** Attach either a voided personal check (for your checking account), **or** a pre-printed deposit/withdrawal slip (for your savings account), which shows both the Transit/ABA Number and the Account Number your pay check is to be deposited into. It will become part of this authorization, and will **not** be returned to you. Please allow two complete pay cycles to process this request.

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: \_\_\_\_\_

*(Attach voided check (for checking acct.) or deposit slip (for savings acct.) here)*