

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Indian River County Board of County Commissioners

Tax ID No. 59-6000674

Employee's Name: _____

Employee Number: _____

IMPORTANT INFORMATION: It may take up to two pay periods to process this request and a paper check MAY BE generated. If a paper check is generated, please indicate below if you want the paper check held in Human Resources for pickup or if you want it mailed to your home address of record. If you do not designate, the check will be mailed.

Hold check in Human Resources

Mail check to my home address of record

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 or other bank issued document that shows both the routing and account numbers

* Savings Accounts - A deposit/withdrawal slip or a copy of the Financial Institutions Identification Card or other bank issued document that shows both the routing and account numbers

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: _____