

Authorization Agreement for Payroll Direct Deposit

(Employee's Name: please print)

I hereby authorize **Spotsylvania County Government**, hereinafter called **County**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) as indicated below at the depository named below, hereinafter called **Depository**, to credit and/or debit the same to such account. I acknowledge that the origination of such transactions to my account must comply with the provisions of U.S. law.

This authority is to remain in full force and effect until the County has received written notification from me of its termination in such time and in such manner as to afford the County and Depository a reasonable opportunity to act.

Signature: _____ Date: _____

I wish to: **A VOIDED CHECK MUST BE ATTACHED (a copy of a voided check is acceptable)**

<input type="checkbox"/> Add	<input type="checkbox"/> Change amount	<input type="checkbox"/> Discontinue <small>(cannot stop direct deposit entirely)</small>
Bank/Depository Name:		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bi-Weekly Amount:	Routing #:	Account #:

<input type="checkbox"/> Add	<input type="checkbox"/> Change amount	<input type="checkbox"/> Discontinue <small>(cannot stop direct deposit entirely)</small>
Bank/Depository Name:		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bi-Weekly Amount:	Routing #:	Account #:

<input type="checkbox"/> Add	<input type="checkbox"/> Change amount	<input type="checkbox"/> Discontinue <small>(cannot stop direct deposit entirely)</small>
Bank/Depository Name:		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bi-Weekly Amount:	Routing #:	Account #:

Return completed form to Payroll at cminter@spotsylvania.va.us or by fax to (540) 582-7651.