

Gibson County Payroll

Direct Deposit Authorization and Change Form

New Change Delete Secondary

Employee Name: _____

1. A copy of your voided check or a letter from your bank **MUST** be attached to this form when submitted to Payroll/Bookkeeping in the Auditor's Office. ****PLEASE NOTE: If you are changing banks, do NOT close your current account until two weeks after submission to Payroll. We do process these changes quickly IF all required paperwork is provided. NO EXCEPTIONS!****

2. Primary Account:

Financial Institution: _____

Routing Number: MUST HAVE BANK LETTER OR VOIDED CHECK

Account Number: MUST HAVE BANK LETTER OR VOIDED CHECK

Type of Account: (Check One)

Checking:

Savings:

3. Secondary Account (only if a different financial institution):

Financial Institution: _____

Routing Number: MUST HAVE BANK LETTER OR VOIDED CHECK

Account Number: MUST HAVE BANK LETTER OR VOIDED CHECK

Dollar Amount: _____

Type of Account: (Check One)

Checking:

Savings:

This authority is to remain in full force and effect until Gibson County has received written notification from me of its termination in such time and manner as to afford Gibson County and the financial institution reasonable opportunity to act on it. I understand that Gibson County shall not be held responsible for any bank charges that may be attached to my account.

(Print employee name)

(Employee signature)

(Date signed)

(Auditor's Office Use Only)

Date entered: _____

By: _____

Payroll Effective Date: _____