

CHAUTAUQUA COUNTY
AUTHORIZATION FOR DIRECT DEPOSIT OF EMPLOYEE PAYCHECK
(Please print or type all information)

Enter the following employee information:

Last Name _____ First Name _____

SSN _____ Dept. Name _____

Complete Section A for **new** enrollments for financial institution or account changes. **(Be sure to attach a voided check or deposit slip to the form.)**

Complete Section B to **cancel** the direct deposit authorization.

Complete Section C to **decline** the direct deposit benefit.

SECTION A: ENROLLMENT OR CHANGE AUTHORIZATION

Select One: New Enrollment Financial Institution or Account Change

FINANCIAL INSTITUTION INFORMATION

Bank Name _____ Branch _____

Street Address _____

City _____ State _____ Zip _____

Account Type (Select One): Checking Account Savings Account

Percentage of check to this account: _____% (Can have up to 3 different accounts.)

Routing Number _____ Account Number _____

ATTACH A VOIDED CHECK OR DEPOSIT SLIP FOR THE ACCOUNT ABOVE

I, the undersigned, authorize Chautauqua County and financial institution listed above to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account. This authorization is to remain in force until Chautauqua County receives written notice of cancellation from me.

Signature _____ Date _____

Second account information if depositing in more than one account.

FINANCIAL INSTITUTION INFORMATION

Bank Name _____ Branch _____

Street Address _____

City _____ State _____ Zip _____

Account Type (Select One): Checking Account Savings Account

Percentage of check to this account: _____ %

Routing Number _____ Account Number _____

ATTACH A VOIDED CHECK OR DEPOSIT SLIP FOR THE ACCOUNT ABOVE

I, the undersigned, authorize Chautauqua County and financial institution listed above to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account. This authorization is to remain in force until Chautauqua County receives written notice of cancellation from me.

Signature _____ Date _____

Third account information if depositing in more than two accounts.

FINANCIAL INSTITUTION INFORMATION

Bank Name _____ Branch _____

Street Address _____

City _____ State _____ Zip _____

Account Type (Select One): Checking Account Savings Account

Percentage of check to this account: _____ %

Routing Number _____ Account Number _____

ATTACH A VOIDED CHECK OR DEPOSIT SLIP FOR THE ACCOUNT ABOVE

I, the undersigned, authorize Chautauqua County and financial institution listed above to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account. This authorization is to remain in force until Chautauqua County receives written notice of cancellation from me.

Signature _____ Date _____

Section B: CANCELLATION

I, the undersigned, hereby cancel the authorization for Chautauqua County to originate direct deposit payroll entries to my checking/savings account. This cancellation is effective as soon as Chautauqua County has had reasonable opportunity to act on it.

Signature _____ Date _____

Section C: DECLINE

I, the undersigned, hereby decline the direct deposit benefit. I understand that my paycheck will be mailed on payday to the home address that I have on file with the County Clerk's Office.

Signature _____ Date _____