



Grand County's Direct Deposit Authorization Agreement

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Use this form to add, change, or cancel a direct deposit. Each account requires a separate form and all changes must be in writing.

To set up Direct Deposit, you must:

- Find out if your financial institution accepts direct deposits. Verify the transit (ABA) number and your account number for all accounts you wish to use for direct deposit.
- Determine if your financial institution has any special requirements for receiving a direct deposit.

Please check the appropriate box:

New Set-up

Change of Information

Your Financial Institution Name (Depository): _____

Routing Number: _____ Account #: _____

Checking

Savings

Amount: _____

Your Financial Institution Name (Depository): _____

Routing Number: _____ Account #: _____

Checking

Savings

Amount: _____

I hereby authorize Grand County to initiate deposits to my account(s).

This authorization is to remain in full force and effect until Grand County has received written termination notification from me in such time and in such manner to afford Grand County and DEPOSITORY a reasonable opportunity to act on it.

Employee Name: _____

Employee Signature: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK

HR Entered in Caselle _____

Payroll Reviewed in Caselle _____