

SCOTT COUNTY DIRECT DEPOSIT ENROLLMENT AND AUTHORIZATION

CHECK ONE: NEW REQUEST CHANGE ACCOUNT CANCEL DIRECT DEPOSIT

PERSONAL INFORMATION (Please Print)

Name (Last, First, Middle) _____			
Street Address _____	City _____	State _____	Zip _____
Daytime Telephone _____		Social Security Number _____	

FINANCIAL INSTITUTION INFORMATION (Please Print)

Primary Financial Institution			
Street Address _____	City _____	State _____	Zip _____
Routing Number _____		Account Number _____	
Checking <input type="checkbox"/> or Savings <input type="checkbox"/> Percentage (minus any flat amount below) \$ _____			
2nd Financial Institution			
Street Address _____	City _____	State _____	Zip _____
Routing Number _____		Account Number _____	
Checking <input type="checkbox"/> or Savings <input type="checkbox"/> Percentage \$ _____ or Flat Amount \$ _____			

(2 Percentage amounts must total 100%)

For deposits to checking attach a **voided, blank check** from the checking account to which direct deposit will be made. Your name must appear on the account.

For savings or other accounts attach a **letter from your financial institution or a savings deposit slip** with your name, address, the financial institution's routing number, and your personal account number. The letter must be on financial institution letterhead or a preprinted form and signed by a financial institution representative. Your name must appear on the account.

AUTHORIZATION

I authorize Scott County to initiate deposits to my accounts at the financial institutions named above and, if necessary, reverse any incorrect payments made in error. I acknowledge that this agreement will remain in effect until proper execution of another direct deposit authorization agreement. I further acknowledge that I must notify Scott County immediately, in writing, if any of my accounts named above are closed.

Employee Signature _____	Date _____
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