

Authorization Agreement

For

Direct Deposit Payroll

I hereby authorize TUSCOLA COUNTY to initiate credit/debit entries into my Checking Account / Savings Account indicated below at the depository financial institution named. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Please deposit \$ into the following account.

Depository (1)

Name Branch

City State Zip

Routing Number Account Number

Please check appropriate account: Savings Checking Loan

Please deposit \$ into the following account.

Depository (2)

Name Branch

City State Zip

Routing Number Account Number

Please check appropriate account: Savings Checking Loan

***Please indicate *Full Pay* or a specific dollar amount.**

You may split your deposit by completing sections 1 & 2. Your deposits do not need to be at the same financial institution.

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

Name Date

Print

Signature

I would like my pay stub emailed to my tuscolacounty.org email address instead of a paper stub.