

County of York

DIRECT DEPOSIT OF PAY AUTHORIZATION FORM

Enrollment/Change Form
(PLEASE PRINT CLEARLY)

To ensure proper handling of your direct deposit request, please complete the following:

1. Attach a voided check or deposit slip with your account information.
2. Return promptly to Payroll Supervisor/Payroll Department.

NAME: _____

Office Phone #: _____ Employee #: _____

CHOOSE ONE OF THE FOLLOWING OPTIONS:

ENROLLMENT _____ I wish to begin Direct Deposit

ADD ACCOUNT AND/OR BANK _____ I wish to add an account and/or bank

CHANGE ACCOUNT AND/OR BANK _____ I wish to change an account and/or bank

I hereby authorize York County to initiate deposits for payroll (credit entries) to my account indicated below, and for the financial institution named below to credit the same to such account.

Name on Primary Account: _____

Type of Primary Account: (Choose Only One) Checking _____ Savings _____

Financial Institution Name: _____

Address (Branch Office): _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____

Transit Routing/ABA No.: _____ Account No.: _____

If you choose a Secondary Account please fill out the following:

Enter the amount from each pay to be deposited in your Secondary Account \$ _____

The remaining balance of your pay will be deposited in your Primary Account.

Name on Secondary Account: _____

Type of Secondary Account: (Choose Only One) Checking _____ Savings _____

Financial Institution Name: _____

Address (Branch Office): _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____

Transit Routing/ABA No.: _____ Account No.: _____

If through an error an overpayment is credited to my account, I agree that the account may be adjusted by a deduction from funds in the account.

This authority is to remain in full force and effect until York County has received written notification from me of its change in such time and such manner as to afford York County a reasonable opportunity to act on it.

Employee Signature: _____ Date: _____