

EDGECOMBE COUNTY DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Complete the following information to sign up for direct deposit of your payroll check and return this form to the Human Resources Office.

Note: The Federal Reserve requires Edgecombe County to verify the accuracy of account information. This verification process will take place during the next scheduled payroll. Payments made during this verification process will be by check.

SECTION I EMPLOYEE INFORMATION (Please Print)

NAME - (Last First Middle Social Security Number

SECTION II PURPOSE FOR PROCESSING FORM (Check one)

- New Authorization Change Financial Institution/Change Account Number
(A check will be issued until verification process is complete.)

SECTION III ACCOUNT DATA

Financial Institution Name: _____
(PLEASE PRINT)

Routing number:

Account Number:

Type of Account: (check one) Checking/Share Draft (Attach a void check pre-printed with your name or have

- Financial Institution fill out this section.
 Savings (Financial Institution must complete this section.)

SECTION IV SECONDARY ACCOUNT DATA

Financial Institution Name: _____
(PLEASE PRINT)

Routing number:

Account Number:

Type of Account: (check one) Checking/Share Draft (Attach a void check pre-printed with your name or have

- Financial Institution fill out this section.
 Savings (Financial Institution must complete this section.)

SECTION V I AUTHORIZE THE DEPOSIT OF MY PAYROLL CHECK EACH PAYDAY TO THE FINANCIAL INSTITUTION INDICATED IN SECTION III . I FURTHER AGREE TO THE FOLLOWING CONDITIONS:

1. THIS AUTHORIZATION IS TO REMAIN IN FORCE UNTIL CANCELLED BY ME.
2. Edgecombe County reserves the right to recall or adjust any deposits improperly created and deposited to my account.
3. I authorize the financial institution to honor any recall/adjustment request made by Edgecombe County.
4. I absolve Edgecombe County from any liability to pay charges for insufficient fund transactions that result from failure within the Automated Clearing House network to correctly and timely deposit monies into my account.

Employee Signature: _____ Date: _____