

Lancaster County
Direct Deposit Authorization Agreement

Request

Change

Your net pay can be divided among 3 accounts.

Primary Account Account #1 Type (check one): Checking Savings
(Primary account will receive whatever is left over from net pay less deposit to accounts #2 and #3)

Financial Institution _____

Bank Routing # _____

Account # _____

Account #2 Account #2 Type (check one): Checking Savings

Financial Institution _____

Percentage or Dollar amount to be deposited to this Account _____

Bank Routing # _____

Account # _____

Account #3 Account # Type (check one): Checking Savings

Financial Institution _____

Percentage or Dollar amount to be deposited to this Account _____

Bank Routing # _____

Account # _____

Note: Direct Deposit selections/amounts should be based on a typical check. If the net amount is less than the selections, the results may vary from what is expected.

I hereby authorize Lancaster County to initiate credit entries and to initiate, if necessary, adjustments for any credit entries in error to my account(s) in the financial institution(s) indicated below, and to credit or debit the same entries to such account(s).

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

The undersigned hereby agrees that all entries hereunder are to be governed in all respects by the Rules of the Mid-America Payment exchange Association and agrees to be bound hereby.

*When changing your direct deposit from one financial institution to another, account should not be closed until notification is received from Payroll that change process has been completed.

Name (print): _____ SSN: _____

Signature: _____ Date: _____

Attach Voided check or savings deposit slip here for each account

Send to Payroll c/o County Clerk's office