

Madison County Payroll Direct Deposit Authorization

Type of Transaction (check one) New Change Cancel

ACCOUNT HOLDER NAME (please print) _____

ACCOUNT HOLDER PHONE # _____

To sign up to have your pay direct deposited into **ONE** account:

- Complete Box 1 (**PRIMARY ACCOUNT**) only if you want 100% of your pay to go to this account.

To sign up to have your pay direct deposited in **TWO OR MORE** accounts:

- Complete Box 2 thru 3 for each account into which you want to deposit a specific account.
- Complete Box 1 (**PRIMARY ACCOUNT**) for the account into which you would like the balance of your check deposited.

Changing or closing an account: It is **IMPERATIVE** that you notify payroll prior to closing an account. If your bank notifies you of any changes in routing numbers or your account number, you **MUST** notify payroll immediately.

If you change, add, or delete an account, you must submit a new form identifying how your entire pay is to be deposited. Failure to notify payroll of account number changes could result in a delay in paying you.

For **CHECKING** accounts, attach a voided check to this form.

For **SAVINGS** accounts, contact your financial institution as ask for a routing/transit number and your account number to be used for ACH/Direct Deposit purposes.

B	PRIMARY ACCOUNT	Select type: <input type="checkbox"/> checking <input type="checkbox"/> savings
O	Bank Name/Address:	_____
X		
1	Routing Number:	_____ Account Number: _____

B	ACCOUNT #2	Select type: <input type="checkbox"/> checking <input type="checkbox"/> savings	Amount: \$ _____
O	Bank Name/Address:	_____	
X			
2	Routing Number:	_____	Account Number: _____

B	ACCOUNT #3	Select type: <input type="checkbox"/> checking <input type="checkbox"/> savings	Amount: \$ _____
O	Bank Name/Address:	_____	
X			
3	Routing Number:	_____	Account Number: _____

I hereby authorize Madison County to email my ACH payroll stubs to the following County or non-County email address: _____

I authorize **Madison County** through Union State Bank to Direct Deposit to my checking and/or savings account as indicated above. This authorization shall remain in place until Union State Bank has received written notice 30 days in advance by the above referenced accountholder.

Signature: _____ Date: _____