

INSTRUCTIONS:

****The supporting documentation MUST be a valid document from your financial institution that includes-*employee name, bank routing number, account number, and name of financial institution.* The information is in addition to this form and MUST accompany this authorization form in order to establish direct deposit of your Franklin County net compensation (paycheck).**

Once you have completed the authorization (below) and attached the appropriate supporting documentation, please submit to your agency payroll officer(s).

MUNIS EMPLOYEE #: _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS OF NET PAYROLL AMOUNT

PLEASE TYPE OR PRINT LEGIBLY (Illegible forms will be returned.)

Employee Name: _____

Employee SSN: XXX-XX- (Last 4 Only) Agency: _____

****REQUIRED:** A **void check (for checking)** or **other document (for savings)** with both the routing **AND** account numbers included, **MUST** be attached to this form.

Bank Name: _____

☐

Checking

☐

Savings

Bank Routing Number: _____

Bank Account Number: _____

I hereby authorize Franklin County, hereinafter called the County, to deposit amounts due me into my financial institution to the credit of my account as indicated above. In the event of erroneous deposit(s), I authorize the County to make corrections with my financial institution by debiting or crediting my account. This authority is to remain in full force and effect until the County has received written notification from me of its termination in such time and in such manner as to afford the County a reasonable time to act on it. It is my responsibility to notify the County whenever there is any change in the account information, including any change in the routing or account numbers.

Signature: _____ Date: _____