



DIRECT DEPOSIT AUTHORIZATION

I hereby authorize Gila County to direct deposit in the account(s) and financial institution(s) listed below. It is my responsibility to notify Payroll of any changes to said bank account in a timely manner.

I authorize Gila County to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit entries in error to my account.

CANCELLATION OF DIRECT PAYROLL DEPOSIT

I hereby cancel my authorization for the Gila County to deposit my net payroll earnings directly to my bank account(s) effective as soon as possible. I understand that up to thirty (30) days may be required for processing.

1	Bank Name:	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Account Number: <i>(please double check all account numbers)</i>	Entire net pay will be deposited to this account <i>after</i> the partial deposits listed below have been deducted.
	Routing Number:	
Checking/Savings account outside of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

2	Bank Name:	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Account Number: <i>(please double check all account numbers)</i>	Dollar Amount to be deposited:
	Routing Number:	
Checking/Savings account outside of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

3	Bank Name:	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Account Number: <i>(please double check all account numbers)</i>	Dollar Amount to be deposited:
	Routing Number:	
Checking/Savings account outside of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of person completing this form:

Signature (Required)

Date:

NOTE: Please attach a *VOIDED CHECK* to this form for the account(s) you wish to deposit to

For Payroll Use Only:

Date Submitted:

Date Entered:

Date Activated: