



Blount County Government DIRECT DEPOSIT FORM

If you would like to participate in DIRECT DEPOSIT simply complete the information below and return to the Payroll Department and we'll make the trip to the bank for you. DIRECT DEPOSIT will begin approximately 2 pay periods after we have received your completed form and information.

- For checking account, a **voided check *MUST*** be attached or
- For a savings account please include a copy of your bank identification card which includes bank name, employee name and account number.

NAME: _____ JOB SITE: _____

SS#: _____ WORK PHONE: _____

- When initiating a change in your DIRECT DEPOSIT, a **voided check *MUST*** be attached or
- For a savings account please include a copy of your bank identification card which includes bank name, employee name and account number.

_____ I wish to have the net amount of my check direct deposited as directed below:

_____ I wish to change the bank and/or account of my direct deposit as directed below:

_____ I wish to STOP my direct deposit:

1. Bank Name/City/State _____

Routing/Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$_____._____ or Entire Net Amount

2. Bank Name/City/State _____

Routing/Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$_____._____ or Entire Net Amount

3. Bank Name/City/State _____

Routing/Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$_____._____ or Entire Net Amount

I authorize Blount County Government to initiate electronic credit and if necessary, debit entries and adjustments for any credit entries in error made to my account each pay period. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the US law. This authority will remain in effect until I have cancelled it in writing.

EMPLOYEE SIGNATURE

DATE