

BELMONT COUNTY
Payroll Direct Deposit Authorization Form

Employee Information

Print Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Home Phone: _____

Email Address: _____

Bank Information

Bank Name: _____

ABA/Routing Number: _____

(Attach Voided Check)

Acct. No: _____ (Check One) Checking Savings

Employer Information

Department: _____

Phone: _____ Fax: _____

Pay Period: Bi-Weekly

Effective immediately, I authorize and direct the Belmont County Auditor (payroll department) to initiate credit entries to the Bank account indicated above. If an incorrect amount is deposited into my account(s), I authorize the Belmont County Auditor (payroll department) to make the appropriate adjustment(s). This authorization will remain in effect until the Belmont County Auditor (payroll department) receives written notice of termination from me in such time and such manner as to afford the Belmont County Auditor (payroll department) a reasonable opportunity to act on it. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law. This Direct Deposit Authorization terminated any previous authorization received by the Belmont County Auditor (payroll department) from me.

Employee Authorization

Signature _____ Date: _____