

# Direct Deposit Authorization Form

## Garland County

To: \_\_\_\_\_  
(Company Name/Employer)

**I authorize you to electronically deposit my pay as directed to my account(s) listed below:**

**NOTE: Funds can be deposited into one account or split between accounts as a set percent or dollar amount.**

ACCOUNT TYPE:  **Checking**  **Savings**

(Attach a voided Bank Check or pre-printed Savings Withdrawal Ticket to help ensure accuracy)

Account Number: \_\_\_\_\_ ABA/Routing Number: \_\_\_\_\_  
(first 9 digits located at the bottom left corner of your checks or withdrawal tickets)

Deposit Amount: \_\_\_\_\_% **OR** \$\_\_\_\_\_ (flat amount) **OR**  Remaining

ACCOUNT TYPE:  **Checking**  **Savings**

(Attach a voided Bank Check or pre-printed Savings Withdrawal Ticket to help ensure accuracy)

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Account Number: \_\_\_\_\_ ABA/Routing Number: \_\_\_\_\_  
(first 9 digits located at the bottom left corner of your checks or withdrawal tickets)

Deposit Amount: \_\_\_\_\_% **OR** \$\_\_\_\_\_ (flat amount) **OR**  Remaining

**Please use the following personal information and signature as authorization, or to contact me with any questions.**

Name (First/Middle/Last): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number (If required by employer): \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Employee Number (If applicable): \_\_\_\_\_

Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

**When you have completed this form, submit it to your employer's payroll department.**

**Contact your employer or income source to make sure no other special forms are required.**