

Direct Deposit Employee Authorization Form

I authorize Madison County and the Financial Institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

Checking Account

Savings Account

each pay period. This authority will remain in effect until I have cancelled it in writing.

Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Financial Institution \_\_\_\_\_

Branch \_\_\_\_\_

City/State \_\_\_\_\_

Transit Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Signature \_\_\_\_\_

**A VOIDED CHECK MUST ACCOMPANY THIS FORM**

On payday you will be able to retrieve an earnings statement from Doculivity showing gross salary, taxes, other deductions and net pay. Your money will already have been deposited in your account. The amount of the deposit will appear on your bank statement. Direct Deposit is safe, convenient and easy.

Please complete the above information, attach a voided check for verification of all financial institution information and return to the Human Resources Department.