

ATTACH VOIDED CHECK OR COPY OF SAVINGS CARD

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSITS

I hereby authorize Washington County hereinafter called **COMPANY**, to deposit to my account indicated below the net amount I am due for any pay period with the same effect if a check had been delivered to me for such amount. I also authorized the Financial Institution indicated below, hereinafter called **FINANCIAL INSTITUTION**, to credit the same to such account. Should an over deposit be made, the **FINANCIAL INSTITUTION** is authorized to debit such account and return to **COMPANY** the amount of any such overage.

Financial Institution: _____

City: _____ **State:** _____

Check One: **CHECKING** **SAVINGS**

Check One: **NEW SIGN UP** **ACCOUNT CHANGE** **CANCELLATION**

This authority is to remain in full effect until **COMPANY** has received written notification from me of its termination in such time and manner as to afford **COMPANY** and **FINANCIAL INSTITUTION** a reasonable opportunity to act on it.

Termination of employment also voids this agreement:

Date: _____ **S.S. Number:** _____

Name: _____ **Signature:** _____

OFFICE USE ONLY

FND/Dept/Pos: _____ **Employee Number:** _____