



EMPLOYER DIRECT DEPOSIT AUTHORIZATION

Board of County Commissioners
Washington Co Payroll Dept
P O Box 647 Chipley, FL 32428
ATTN: Heather Finch, Human Resources
CC: Jennifer Cook, Board Finance
850-415-5151

**TYPE OF AUTHORIZATION
(CHECK only ONE)**

- New Sign-Up
 Change of Banking

EMPLOYEE INFORMATION: (Please type or print NEATLY)

Employee Name: _____	Social Security Number: _____
Daytime Phone Number: _____	

BANKING INFORMATION:

Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Number: _____	Account Number: _____	
Bank Name: _____		
Banking Address: _____		

My signature below authorizes the **Board of County Commissioners, Washington County Payroll Dept.** (employer) to electronically deposit my paychecks as I have instructed. They may also initiate debit entries to adjust any credit entries made to my account in error. This agreement remains in effect until I submit a new Direct Deposit Form canceling further transactions. I understand it may take one or more payroll cycles before transfer of my direct deposit is completed.

X _____	X _____
Employee Signature	Date

NOTE: PLEASE ATTACH A VOIDED CHECK TO THIS AUTHORIZATION FORM. DEPOSIT SLIPS CANNOT BE ACCEPTED.