

Whitman County Direct Deposit Authorization



A voided check must be attached. If you do not have checks for your account we require a Financial institution document with the routing number and account number verified by your institution official. If a voided check or bank document is not attached we will not process your change request until it is received.

Employee Name: _____

Employee Department: _____

Name of **NEW** Financial Institution: _____

Are you replacing a current account? Yes No

*If so please provide account number you are replacing: _____

Is your account? Checking Savings

Amount you wish to deposit each check: Full paycheck Separate Amount \$ _____

Effective Date Month: _____ 1st-15th paycheck 16th -31st (Or end of month date)

PLACE COPY OF VOIDED CHECK OR FINANCIAL DOCUMENTATION HERE

I, the undersigned, do hereby authorize Whitman County to automatically deposit the amount indicated into my account at the financial institution indicated above. I understand my first check after making this change will be paper to ensure my funds are secure to the proper bank account.

(Signature)

(Date)

Official Use Only:

Date Received in Human Resources:

Entered in Payroll By: _____

Pre-Note Needed: Yes No