

BEE COUNTY
DIRECT DEPOSIT
ENROLLMENT AUTHORIZATION

SECTION A (To be completed by employee)

| | |
|---|--|
| 1. Type of action <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL | 2. SOCIAL SECURITY NUMBER <hr/> 3. Name |
|---|--|

SECTION B (To be completed by employee if NEW or CHANGE box in Section A is checked)

| | | | | |
|--|---------------------|------|-----------------------------|-----|
| 1. TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS | | | | |
| VERIFY ROUTING/DEPOSITER NUMBERS WITH FINANCIAL INSTITUTION | | | | |
| 2. ROUTING NUMBER | | | 3. DEPOSITER ACCOUNT NUMBER | |
| 4. FINANCIAL INSTITUTION NAME | | | | |
| 5. FINANCIAL INSTITUTION ADDRESS | (NUMBER AND STREET) | CITY | STATE | ZIP |

SECTION C (To be completed by employee)

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|--|---|-----------|------|
| 1. CHECK APPROPRIATE BOX <input type="checkbox"/> I hereby authorize the Bee County Auditor's Office to provide for direct deposit of any salary and wages due me, less any mandatory or authorized withholding or deductions therefrom, in the above designated account. <input type="checkbox"/> I hereby cancel my Direct Deposit authorization | | | |
| | <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 80%;">Signature</td> <td style="border: none; width: 20%;">Date</td> </tr> </table> | Signature | Date |
| Signature | Date | | |

SECTION D (To be completed by Bee County Payroll Office)

| | | | |
|----------------|--|-----------|---------------|
| 1. AGENCY NAME | | | |
| REMARKS | 2. AUTHORIZED AGENCY SIGNATURE I HEREBY CERTIFY THAT I AM THE DULY APPOINTED, QUALIFIED AND ACTING OFFICE OF THE HEREIN NAMED AGENCY AND THAT, BEING SO AUTHORIZED, DO CERTIFY THAT THIS EMPLOYEE IS ELIGIBLE FOR DIRECT DEPOSIT. | | |
| | <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;">SIGNATURE</td> <td style="border: none; width: 40%;">DATE RECEIVED</td> </tr> </table> | SIGNATURE | DATE RECEIVED |
| SIGNATURE | DATE RECEIVED | | |

PLEASE ATTACH A VOID CHECK IF A CHECKING ACCOUNT IS SELECTED.