

**County of Orangeburg  
Direct Deposit Authorization Agreement**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

<b>Action Required:</b>		
<input type="checkbox"/> <b>Start Direct Deposit</b>	<input type="checkbox"/> <b>Stop Direct Deposit</b>	<input type="checkbox"/> <b>Change</b> (add/delete acct, increase/decrease fixed amount)

<b>OLD ACCOUNT INFORMATION (THE ACCOUNT YOU WANT TO CHANGE OR DELETE):</b>	
<b>Bank Name:</b>	<b>Account Type:</b> <input type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Savings</b>
<b>Routing #:</b>	<b>Account #:</b>

<b>Account # 1</b>	
<b>Bank Name:</b>	<b>Account Type:</b> <input type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Savings</b>
<b>Routing #:</b>	<b>Account #:</b>
<input type="checkbox"/> <b>Fixed Amount</b> \$ _____	<input type="checkbox"/> <b>Balance Account</b> <b>* Deposit balance of net pay to this account</b>

<b>Account # 2</b>	
<b>Bank Name:</b>	<b>Account Type:</b> <input type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Savings</b>
<b>Routing #:</b>	<b>Account #:</b>
<input type="checkbox"/> <b>Fixed Amount</b> \$ _____	<input type="checkbox"/> <b>Balance Account</b> <b>* Deposit balance of net pay to this account</b>

<b>Account # 3</b>	
<b>Bank Name:</b>	<b>Account Type:</b> <input type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Savings</b>
<b>Routing #:</b>	<b>Account #:</b>
<input type="checkbox"/> <b>Fixed Amount</b> \$ _____	<input type="checkbox"/> <b>Balance Account</b> <b>* Deposit balance of net pay to this account</b>

<b>Account # 4</b>	
<b>Bank Name:</b>	<b>Account Type:</b> <input type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Savings</b>
<b>Routing #:</b>	<b>Account #:</b>
<input type="checkbox"/> <b>Fixed Amount</b> \$ _____	<input type="checkbox"/> <b>Balance Account</b> <b>* Deposit balance of net pay to this account</b>

I authorize the County of Orangeburg to deposit my payroll check via direct deposit to my account(s) as indicated above. I understand that it is my responsibility to verify that payments have been credited to my account(s) and that the County of Orangeburg assumes no liability for overdrafts for any reason. I understand that in the event my financial institution(s) is/are not able to deposit any electronic transfer into my account due to any action I take, the County of Orangeburg cannot issue the funds to me until the funds are returned to the County of Orangeburg by my financial institution(s).

**\* A change will not replace the direct deposit authorization currently on file unless it noted on this form.**

I understand I must immediately notify Human Resources before I close any/all account(s) listed above while this authorization is in effect.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attached a voided check or documentation from your banking institution for each new account entered above.**

Please allow up to 2 pay cycles for this authorization to take effect.