

Employee Direct Deposit Authorization Form

Hood River County is pleased to offer direct deposit of employee paychecks to the bank(s) and account(s) of your choice.

- 1) Please complete the **EMPLOYEE PORTION** of this form.
- 2) Attach a voided personal check to verify your account number and bank routing number
- 3) Return the completed form to Human Resources Department

****NOTIFY PAYROLL IMMEDIATELY IF YOU CLOSE OR CHANGE BANK ACCOUNT****

EMPLOYEE PORTION

New Enrollment Cancel Enrollment Change Enrollment

I hereby authorize Hood River County to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository name(s) below, hereinafter called depository, to credit and/or debit the same as such:

NAME: _____ Social Security # _____ - _____ - _____
(Please print your name as it appears on your account)

ACCOUNT TYPE: Checking Savings Percentage: _____%

Bank Name : _____ TELEPHONE #:(_____) _____ - _____

ACCOUNT #: _____ BANK ROUTING#: _____

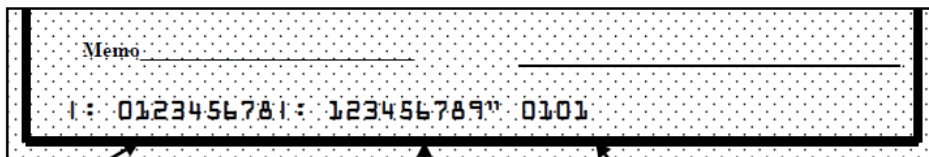
Use this Account for Employee Reimbursement.

ACCOUNT TYPE: Checking Savings Percentage: _____%

Bank Name : _____ TELEPHONE #:(_____) _____ - _____

ACCOUNT #: _____ BANK ROUTING#: _____

Use this Account for Employee Reimbursement.



Routing/Transit #
(A 9-digit number always between these two marks)

Checking Account #

Check #
(this number matches the number in the upper right corner of the check - not needed for sign-up)

SIGNATURE: _____

DATE: _____

The authority is to remain in full force and effect until Hood River County has received written notification from me of its termination in such time and in such manner as to afford the County and depository a reasonable opportunity to act on it.