



County of Currituck

Direct Deposit Enrollment/Cancellation Form

Please note: Employee's name must be on accounts in order for the banks to process the direct deposit. Beneficiary status is not classified as account ownership.

Section I - Employee Information

Employee Name _____

Social Security Number: _____

Type of Action: Begin Deposit Effective Date of Change _____
 Change Information
 Cancel Deposit **** Voided check must be attached for all accounts****

Section II - Bank Information

Main Account:

Your net check will go to this account. If you wish to deposit to multiple accounts, the remainder of your check will go to this account.

Bank Name: _____ Bank Routing Number (ABA): _____
Bank Address: _____ Bank Account Number: _____
City, State, Zip: _____ **Circle one** **Checking or Savings**
Bank Phone Number: _____ Amount **Net Check**

Second Account:

Amount to this account must be a flat dollar amount. This amount will be deposited in your account on each paycheck.

Bank Name: _____ Bank Routing Number (ABA): _____
Bank Address: _____ Bank Account Number: _____
City, State, Zip: _____ **Circle one** **Checking or Savings**
Bank Phone Number: _____ Amount

Third Account:

Amount to this account must be a flat dollar amount. This amount will be deposited in your account on each paycheck.

Bank Name: _____ Bank Routing Number (ABA): _____
Bank Address: _____ Bank Account Number: _____
City, State, Zip: _____ **Circle one** **Checking or Savings**
Bank Phone Number: _____ Amount

Section III - Authorization

I herein authorize the County of Currituck to deposit any amounts owed to me by initiating credit entries to my account at the financial institutions stated above. Further, I authorize the Bank to accept and to credit entries indicated by the County to my account. In the event the County deposits funds erroneously into my account, I authorize the County to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until the County has received notice from me of its termination in such way and in such manner as to afford the County a reasonable opportunity to act on it.

Employee Signature: _____ Date _____

For Office Use Only:

Payroll Records Adjusted: _____ Date _____ Adjusted by _____