Tift County Direct Deposit Authorization

This authorization agreement allows us to deposit your earnings directly into an account at the financial institution of your choice. It also authorizes us to direct the financial institution to return the full amount of any funds deposited in these or subsequent accounts by us in error.

Authorization Agreement for Automatic Deposit: Date: _____

Employee Name: _____ Emp. #: _____

Site Name: _____ Site #: _____

I hereby authorize Tift County to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account(s) and depository indicated below, to credit and/or debit the same to such account.

This authority is to remain in full force until Tift County has received written notification of its termination and has a reasonable opportunity to act the request.

Signature: _____ SSN#: _____

Very Important Information:

- **Checking Account:** You must attach a **VOID** check – we **CAN NOT** accept a deposit slip.
- **Savings Account**: You must obtain documentation from your financial institution. It must have a Transit ABA number.

Please select Option A, Option B or Option C:

Option A: Deposit 100% of net pay to **Checking**:

Banking Institution Name: _____

Bank Transit/ABA Number: _____

Acct #: _____

Or

Option B: Deposit 100% of net pay to **Savings**

Banking Institution Name: _____

Banking Transit/ABA #: _____

Acct #: _____

Option C: Deposit a portion of your net pay to checking or saving and the remainder of your check to checking or saving account:

Circle One:

Checking **Savings**

Bank Institution Name:

_____

Banking Transit/ABA Number:

_____

Account Number:

_____

☐ **Flat Dollar Amount $** _____

Or

☐ **Remainder of Net**

And

Circle One:

Checking **Savings**

Bank Institution Name:

_____

Banking Transit/ABA Number:

_____

Account Number:

_____

☐ **Flat Dollar Amount $** _____

Or

☐ **Remainder of Net**