



DIRECT DEPOSIT ENROLLMENT FORM

(PLEASE PRINT)

Employee Name _____

Social Sec. No.: _____ **Date of Birth** _____

Address: _____

City _____ **State** _____ **Zip** _____

Home Phone No.: _____ **Work Phone No.:** _____

Pay Frequency: Bi-Weekly

STAPLE VOIDED CHECK HERE

Financial Institution Name _____

Account Number at Financial Institution _____

Financial Institution Routing/Transit Number _____

Financial Institution City and State _____

Employee's Authorization

Please fill out and return to the Payroll Department

AUTHORIZATION FOR DIRECT DEPOSIT

I authorize Hardin County Fiscal Court to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my direct deposit each pay period. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date: _____ **Signature** _____

PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS