

Authorization Agreement for Automatic Deposits – Direct Deposit – of Net Pay

Employee information – to be completed by the Employee – Please print

Employee Name	Department	Employee #

I hereby authorize the Allegany County Commissioners to deposit my net salary to the checking or savings account described below and the bank listed below (herein after referred to as the “Bank”) to credit the same to such account.

This Authorization Agreement is to remain in full force and effect until my employer and the Bank each have received written notification of its change from me, in such a manner to afford my employer and/or the Bank, as the case may be, a reasonable opportunity to act on it. This Authorization Agreement may be terminated by my employer.

In the event that the Payroll Department notifies the Bank that funds to which I am not entitled have been deposited to my account inadvertently, I hereby authorize and direct the bank to return said funds to the Payroll Department of my employer as soon as possible.

Enrollment Change (Check one only)
Net Pay Amount (Mark one only)

Email Address _____

Signed _____ Date _____

Bank Information—to be completed by employee's financial institution or attach a voided check

Financial Institution's Name _____

Routing Number _____ Account Number _____

Savings _____ or Checking _____ (Check one only)

Financial Institution's Representative _____

Date _____ Telephone Number _____

(Payroll Department Use only)

Employee Number _____ Date entered _____