

# Whitman County Direct Deposit Authorization



**A voided check must be attached. If you do not have checks for your account we require a Financial institution document with the routing number and account number verified by your institution official. If a voided check or bank document is not attached we will not process your change request until it is received.**

Employee Name: \_\_\_\_\_

Employee Department: \_\_\_\_\_

Name of **NEW** Financial Institution: \_\_\_\_\_

Are you replacing a current account? Yes No

\*If so please provide account number you are replacing: \_\_\_\_\_

Is your account?      Checking      Savings

Amount you wish to deposit each check:      Full paycheck      Separate Amount \$ \_\_\_\_\_

Effective Date Month: \_\_\_\_\_      1st-15<sup>th</sup> paycheck      16<sup>th</sup> -31<sup>st</sup> (Or end of month date)

**PLACE COPY OF VOIDED CHECK OR FINANCIAL DOCUMENTATION HERE**

I, the undersigned, do hereby authorize Whitman County to automatically deposit the amount indicated into my account at the financial institution indicated above. I understand my first check after making this change will be paper to ensure my funds are secure to the proper bank account.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Official Use Only:

Date Received in Human Resources:

Entered in Payroll By: \_\_\_\_\_

Pre-Note Needed: Yes No