DIRECT DEPOSIT SIGN-UP FORM

Name (Printed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payroll Number \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

Preferred Email (to receive your direct deposit check stub) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* The password to open the check stub is the last four digits of your S. S. number \*\*

To ensure correct transactions I have advised the receiving financial institution of my intention to start direct depositing of my pay and the institution confirms to me the following numbers are to be used in the ACH/electronic transfer:

Financial Institution Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing/ABA Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Account (check one) \_\_\_\_\_ Checking \_\_\_\_\_\_ Savings

**\*\*\* Please attach a VOIDED check for CHECKING or a bank document for SAVINGS.**

The authority is to remain in full force until Coshocton County Payroll Clerk has received written notification from me of its termination in such timely manner as to afford Coshocton County and the Financial Institution a reasonable opportunity to act on it.

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE CHECK ONE:**  New enrollment \_\_\_\_\_\_

 Change of: Banking Institution \_\_\_\_\_\_\_\_\_\_

 Account Number \_\_\_\_\_\_\_\_\_\_

 Account Type \_\_\_\_\_\_\_\_\_\_

Revised 1/13/20