



COUNTY OF WYTHE

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize the County of Wythe to deposit my payroll payment directly to my account at the financial institution shown below. I agree to provide written notification to the County of Wythe Payroll Department any changes to this information so that my payroll payment may be properly distributed. I also authorize the County of Wythe to make adjustments to my account to correct any credit entries made in error.

You can choose to have your paycheck split up to three different checking and/or savings accounts.

Please attach voided/cancelled checks and/or deposit slips and indicate the amount you would like deposited into each account with the balance/net amount in one of the accounts.

Acct Type: (Circle one) Checking or Savings (Bank Name) _____ Amt to deposit: \$ _____
Routing #/Transit # _____ Account # _____

Acct Type: (Circle one) Checking or Savings (Bank Name) _____ Amt to deposit: \$ _____
Routing #/Transit # _____ Account # _____

Acct Type: (Circle one) Checking or Savings (Bank Name) _____ Amt to deposit: \$ _____
Routing #/Transit # _____ Account # _____

Check here if you are a re-hire & direct deposit information has not changed since last employment date.

Print Name

Signature

Date

Received By

Date

Please provide voided or cancelled check(s)
with the correct routing information and account number.

To ensure the information you provide is accurate,
you may wish to contact your financial institution.

TAPE VOIDED/CANCELLED CHECK(S) HERE
Or on the back of this form