

Adair County Direct Deposit Form

For Checking Accounts: Please attach an original check marked VOID or an account verifying letter from your banking institution.

For Saving Accounts: Please attach an original deposit slip or an account verifying letter from your banking institution.

Name (Please Print): _____ Phone Number: _____

This form is for the following purpose: Initial Direct Deposit Change in Direct Deposit

Primary Deposit

Name of Bank: _____

Account # _____

Routing # _____

Select the type of account:

Checking Savings

Secondary Deposit

I request to have (choose one) \$ _____ or _____ % of my **biweekly** net pay deposited into the following banking institution.

Name of Bank: _____

Account # _____

Routing # _____

Select the type of account:

Checking Savings

Tertiary Deposit

I request to have (choose one) \$ _____ or _____ % of my **biweekly** net pay deposited into the following banking institution.

Name of Bank: _____

Account # _____

Routing # _____

Select the type of account:

Checking Savings

I authorize Adair County to initiate credit entries and, if necessary, to initiate adjustments to credit entries in error to my account(s) listed above. This authority is to remain in effect until Adair County has received written notification from me of its termination in such time as to afford Adair County and the financial institution(s) a reasonable opportunity to act on my request to terminate Direct Deposit.

I am paid biweekly

Signature: _____ Date: _____