



DIRECT DEPOSIT AUTHORIZATION

I hereby authorize Bedford County to deposit my payroll earnings directly to my account(s) at the financial institution(s) listed below. I agree to provide written notification to Bedford County within 30 days of any changes to this information so that my pay may be properly deposited.

Name: _____

Address: _____ City/State/Zip _____

Social Security Number: _____ Phone _____

CHECKING

Name of Financial Institution: _____

Branch (City and State) _____

Routing Number: _____

Account Number _____ Amount (\$ or %) _____

CHECKING

Name of Financial Institution: _____

Branch (City and State) _____

Routing Number: _____

Account Number _____ Amount (\$ or %) _____

SAVINGS

Name of Financial Institution: _____

Branch (City and State) _____

Routing Number: _____

Account Number _____ Amount (\$ or %) _____

Employee Signature

Date

ATTACH VOID CHECK(S)
or
COPY