



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: _____

ACCOUNT 1: **Checking** **Savings**
Name of Financial Institution: _____
Branch: City: _____ State: _____
Routing Number: _____ Account Number: _____
Amount (\$ or %) _____

ACCOUNT 2: **Checking** **Savings**
Name of Financial Institution: _____
Branch: City: _____ State: _____
Routing Number: _____ Account Number: _____
Amount (\$ or %) _____

Employee Signature _____ **Date** _____

PLEASE ATTACH VOID CHECK(S) / SAVINGS SLIP or COPY DISPLAYING
ROUTING AND ACCOUNT NUMBERS