



NEW KENT COUNTY DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize New Kent County to initiate credit entries to the account(s) listed below, and the depository(ies) to credit the same to such account(s). I also authorize New Kent County to draw drafts on my account(s) or to initiate debit entries to my account(s) for the purpose of withdrawing money from my account(s), **but solely in order to adjust an error** resulting from a deposit or credit that has been made under this authorization **in an amount that is not correct**. The depository shall not be held liable for honoring any draft, debit entry or withdrawal initiated by New Kent County. I agree to provide written notification to New Kent County immediately of any change to this information so that my pay may be properly disbursed.

PRINTED NAME

SIGNATURE

DATE

DEPARTMENT

Bobby Bankrate 123 Bankrate Boulevard New York, NY 10001 555-555-5555		1111
Date: _____		
Pay to the order of: _____ \$ <input type="text"/>		
		_____dollars
Generic Bank and Trust		
Memo _____		
:123456789	:10987654321	:1111
ROUTING NUMBER	ACCOUNT NUMBER	CHECK NUMBER

THIS IS FOR: **NEW** Account(s) or **Change** to EXISTING Account(s)

PRIMARY Bank Name: _____ Checking Savings

Routing Transit #: _____ Account Number: _____

I wish to deposit: \$ _____ or Remaining Net Amount

Additional Bank Name: _____ Checking Savings

Routing Transit #: _____ Account Number: _____

I wish to deposit: \$ _____ or Remaining Net Amount

Additional Bank Name: _____ Checking Savings

Routing Transit #: _____ Account Number: _____

I wish to deposit: \$ _____ or Remaining Net Amount

ATTACH A VOIDED CHECK OR BANK DOCUMENT FOR EACH ACCOUNT LISTED ABOVE.

Please note that new accounts must be pre-noted, therefore direct deposit of your paycheck will start within two payrolls.

ENTERED BY:	OFFICE USE:	DATE ENTERED:
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