



AUTHORIZATION AGREEMENT FOR PAYROLL DIRECT DEPOSIT

I hereby authorize Campbell County Fiscal Court Payroll Department to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) identified below. This authority is to remain in effect until changed by me in writing or by termination of my employment.

- **CHECKING ACCOUNTS** - Attach a voided check to this form to verify your account number and bank routing number.
- **SAVINGS ACCOUNTS** - You must contact the Bank to obtain the correct routing number in writing. Deposit slips may have invalid routing numbers
- Return/Fax the completed form to the Payroll Department (859-292-3844)

****NOTIFY PAYROLL IMMEDIATELY IF YOU CLOSE OR CHANGE BANK ACCOUNTS****

New Enrollment	Change Dollar Amount	Change Bank Account(s)
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Name _____	- -
<i>Please print your name as it appears on the account</i>	<i>Social Security Number</i>

Account Type	Checking	Savings	
	Entire Net Pay	or	Specify Dollar Amount \$ _____

Bank _____

Name and address

Account Number _____

Bank Routing Number _____

Account Type	Checking	Savings	
	Remaining Pay	or	Specify Dollar Amount \$ _____

Bank _____

Name and address

Account Number _____

Bank Routing Number _____

Employee Signature _____ Date _____