

SPARTANBURG COUNTY

AUTHORIZATION FOR DIRECT DEPOSIT

I hereby authorize SPARTANBURG COUNTY to initiate credit entries in the amounts specified, each pay day, to the financial institutions and accounts indicated below. I also authorize SPARTANBURG COUNTY to make adjusting debit entries to my accounts up to the amount of the overpayment only.

PLEASE PRINT:

EMPLOYEE #: _____ EMPLOYEE NAME: _____

***A VOIDED CHECK OR DOCUMENTATION SIGNED BY BANKING OFFICIAL LISTING CHECKING OR SAVINGS, ROUTING NUMBER, AND ACCOUNT NUMBER MUST BE PROVIDED FOR EACH ACCOUNT LISTED BELOW.**

SPECIFIED AMOUNT #1: \$ _____

_____ ADD _____ CHANGE _____ DELETE

CHECK ONE: _____ CHECKING _____ SAVINGS

ROUTING #: _____

ACCOUNT #: _____

FINANCIAL INSTITUTION: _____

SPECIFIED AMOUNT #2: \$ _____

_____ ADD _____ CHANGE _____ DELETE

CHECK ONE: _____ CHECKING _____ SAVINGS

ROUTING #: _____

ACCOUNT #: _____

FINANCIAL INSTITUTION: _____

NET PAY: *You must have your net pay direct deposited if you select specified amounts above.

_____ NO CHANGE-(You may skip this section) _____ ADD _____ CHANGE _____ DELETE

CHECK ONE: _____ CHECKING _____ SAVINGS

ROUTING #: _____

ACCOUNT #: _____

FINANCIAL INSTITUTION: _____

This authorization is to remain in full force and effect until SPARTANBURG COUNTY has received written notification from me of its termination in such time and in such manner as to afford SPARTANBURG COUNTY a reasonable opportunity to act on it.

DATE: _____ SIGNATURE: _____