

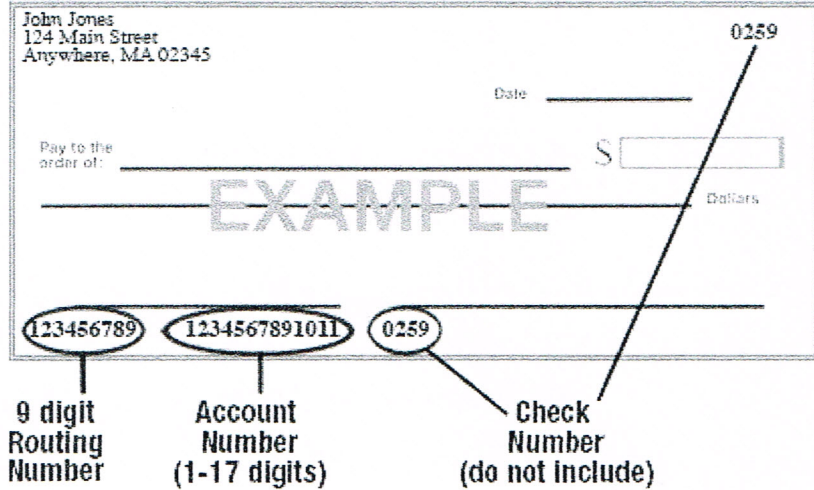
Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ _____ % or Entire Paycheck

Type of Account: Checking Savings (Check One)

Attach a voided check for each bank account to which funds should be deposited

I am an employee of: Claiborne County Government Claiborne County Schools

The Claiborne County Finance Department is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing. In the event of an erroneous or duplicate entry, I hereby authorize Claiborne County Finance Department to debit my account indicated above to correct any error made.

Employee's Signature: _____

Date: _____