

# JUNEAU COUNTY PAYROLL DIRECT DEPOSIT AUTHORIZATION

**Employee Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Please process the change(s) noted below:**

- Set up new direct deposit with information provided below.
- Cancel current direct deposit AND set up new direct deposit with information provided below.
- Cancel current direct deposit as soon as possible.

**PRIMARY ACCOUNT:**

Checking     Savings

Account # \_\_\_\_\_ Bank Routing # \_\_\_\_\_

Bank Name \_\_\_\_\_ Phone # \_\_\_\_\_

**ADDITIONAL ACCOUNT(S):**

Checking     Savings

Account # \_\_\_\_\_ Bank Routing # \_\_\_\_\_

Bank Name \_\_\_\_\_ Phone # \_\_\_\_\_

Amount (whole dollar) \$ \_\_\_\_\_

Checking     Savings

Account # \_\_\_\_\_ Bank Routing # \_\_\_\_\_

Bank Name \_\_\_\_\_ Phone # \_\_\_\_\_

Amount (whole dollar) \$ \_\_\_\_\_

Checking     Savings

Account # \_\_\_\_\_ Bank Routing # \_\_\_\_\_

Bank Name \_\_\_\_\_ Phone # \_\_\_\_\_

Amount (whole dollar) \$ \_\_\_\_\_

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## AUTHORIZATION AGREEMENT

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**Employer Name: THE COUNTY OF JUNEAU, WISCONSIN**

I hereby authorize Juneau County to directly deposit my pay in the bank account(s) listed above. I have attached a voided personalized check (checking accounts) or deposit slip (savings accounts) for each account specified above. No more than three accounts may be designated.

This authorization is to remain in force until Juneau County has received written authorization from me of its termination or change.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

(Two signatures will be required only if your checking or savings account is titled with "and.")

**PLEASE NOTE:** Please verify the type of account, bank routing #, and account # with your bank before submitting this form.

\*Bank verification provided