

PULASKI COUNTY PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

Payroll Department

Phone 340-8388

Fax 340-3502

EMPLOYEE
NAME _____ EMP# _____ DEPT# _____

SOCIAL SECURITY NO. _____ WORK PHONE _____

EMAIL ADDRESS _____

Complete this section for net pay option. **ATTACH A VOIDED CHECK HERE.** ⇒

Type of Request: <input type="checkbox"/> NEW <input type="checkbox"/> STOP CURRENT NET PAY <input type="checkbox"/> CHANGE TO: <u>OPTION 2 OR OPTION 3</u> <i>CIRCLE ONE</i>
Bank Name _____
Bank Routing No. _____ <small>(First nine digits on check)</small>
Personal Account Number _____
Account Type: (Check One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings NET PAY OPTION

For a second option, complete below. **ATTACH DOCUMENTATION HERE.** ⇒

Type of Request: <input type="checkbox"/> NEW <input type="checkbox"/> STOP CURRENT OPTION 2 <input type="checkbox"/> CHANGE TO: <u>NET PAY OR OPTION 3</u> <i>CIRCLE ONE</i>
Bank Name _____
Bank Routing No. _____ <small>(First nine digits on check)</small>
Personal Account Number _____
Account Type: (Check One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
TOTAL AMOUNT TO BE REMITTED _____ OPTION 2 - FIXED AMOUNT

For a third option, complete below. **ATTACH DOCUMENTATION HERE.** ⇒

Type of Request: <input type="checkbox"/> NEW <input type="checkbox"/> STOP CURRENT OPTION 3 <input type="checkbox"/> CHANGE TO: <u>NET PAY OR OPTION 2</u> <i>CIRCLE ONE</i>
Bank Name _____
Bank Routing No. _____ <small>(First nine digits on check)</small>
Personal Account Number _____
Account Type: (Check One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
TOTAL AMOUNT TO BE REMITTED _____ OPTION 3 - FIXED AMOUNT

AUTHORIZATION

I hereby authorize Pulaski County, hereafter called COUNTY, to initiate direct deposit credit entries to my account number(s) listed above and authorize the Financial Institution to accept and credit the same to my account. This authorization shall remain in force and effect until the County receives written notice from me terminating this agreement. I understand my written notice to change the above information must be received by the Payroll Department at least two weeks prior to the payday in order for the change to be effective and processed or cancelled by the Payroll Department. I further authorize the County to initiate debit entries or adjustments to said account(s) as may be necessary to correct any erroneous credit entries previously initiated thereto and I authorize the Financial Institution to accept and to credit or debit the amount of such entries. I will not hold the County responsible for delay; loss or misapplication of funds due to incorrect or incomplete information supplied by me or my financial institution or failure of my financial institution to correctly credit my account. I understand that an unforeseen delay in payroll processing by any outside entity (automated clearinghouse or financial institution) due to computer down-time, power outages or other unavoidable occurrences might affect the date of deposit of funds to my account. I understand the County and the financial institution may cancel this agreement at any time.

EMPLOYEE SIGNATURE

DATE

THIS FORM MUST BE RETURNED TO THE PAYROLL DEPARTMENT.

PULASKI COUNTY PAYROLL
DIRECT DEPOSIT AUTHORIZATION INSTRUCTIONS

1. Print your name, social security number, work phone number and email address.
2. Check one of the following:
 - New – Check this box if this is a first time direct deposit of wages.
 - Stop – Check this box if you want to discontinue direct deposit of wages to your current account.
 - Change – Check this box if you are making a change to your direct deposit.
 - After checking the change box specify what option you want to make the change to.
3. Complete the first section as your primary option. This section is for the “Net Pay Option”. When completing this section, you are authorizing the Payroll Department to send your “net check” to the financial institution you specify in this box. **THIS BOX MUST BE COMPLETED IN ORDER TO BEGIN DIRECT DEPOSIT.** All information requested must be completed in this box. You will need to check the type of account, checking or savings.
4. If you would like to send a specified amount for another type of account or to another financial institution, you will need to complete the second section as your secondary option. This option must be a “fixed amount” to be deducted and remitted to the financial institution you specify in the secondary option box. If you chose a second option, all information requested must be completed in this box. You will need to check the type of account, checking or savings, and indicate the total amount to be remitted to the financial institution designated as your secondary option.
5. Complete the third section if you would like specified amount of your pay to go to a third account or financial institution. Follow the instructions in #4 above when completing the third option section.
6. After having read the “AUTHORIZATION” statement, sign and date the form.
7. Return the completed form with the requested documents to the **PAYROLL DEPARTMENT, 201 SO. BROADWAY, SUITE 440.**

IMPORTANT

WHEN INDICATING A CHECKING ACCOUNT, ATTACH A PERMANENT BLANK CHECK AND WRITE “VOID” ON THE FACE OF THE CHECK FOR EACH CHECKING ACCOUNT INDICATED.

TO VERIFY ACCOUNT NUMBER EMPLOYEE CAN ALSO SUBMIT:

- **A FORM 1199 SIGNED AND DATED BY THE BANK.**
- **A LETTER FROM THE BANK LISTING THE EMPLOYEE’S NAME AND ACCOUNT NUMBER. THE LETTER ALSO NEEDS TO STATE THE BANK’S NAME, ADDRESS AND ROUTING NUMBER.**

CREDIT UNION INFORMATION: ANY CREDIT UNION FORM SUBMITTED TO PAYROLL AS ACCOUNT NUMBER VERIFICATION NEEDS TO BE SIGNED AND DATED BY A CREDIT UNION EMPLOYEE.

THE PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM DOES NOT ENROLL, CHANGE OR STOP AN EMPLOYEE’S CREDIT UNION MEMBERSHIP. CREDIT UNION MEMBERSHIP FORMS MUST BE COMPLETED SEPARATELY FOR ANY ENROLLMENT, CHANGE OR STOP TO AN ACCOUNT AND SUBMITTED TO THE APPROPRIATE CREDIT UNION.