



Vanderburgh County Payroll
Direct Deposit Authorization and Change Form
New Change Delete Secondary

Employee Name: _____
Employee Number: _____

1. Primary Account:

Financial Institution: _____

Routing Number: _____

Account Number: _____

Type of Account: (Check One)

Checking:

Savings:

2. Secondary Account (only if a different financial institution):

Financial Institution: _____

Routing Number: _____

Account Number: _____

Dollar Amount: _____

Type of Account: (Check One)

Checking:

Savings:

3. Please attach a copy of your voided check when this form is turned in to Payroll/ Bookkeeping in the Auditor's Office .

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This authority is to remain in full force and effect until Vanderburgh County has received written notification from me of its termination in such time and manner as to afford Vanderburgh County and the financial institution reasonable opportunity to act on it. I understand that Vanderburgh County shall not be held responsible for any bank charges that may be attached to my account.

(Print employee name)

(Employee signature)

(Date signed)

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(Auditor's Office Use Only)

Date entered: _____

By: _____

Payroll Effective Date: _____