



# Hall County Payroll

## Payroll Electronic Deposit Authorization Form

### **PART I** Employee Information

I authorize Hall County to deposit my pay to my checking or savings account(s) and, if there are any errors, to make the necessary corrections to my account.

(Check One) Deposit Action:    New:        Change:        Stop:   

Full Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_    Social Security Number: XXX - XX - \_\_\_\_\_

Department: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **PART II** Employee Bank Information

Bank 1 Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:    Checking:        Savings:   

Amt/Perc to be Deposited: \$ \_\_\_\_\_ or \_\_\_\_\_ %

Bank 2 Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:    Checking:        Savings:   

Amt/Perc to be Deposited: \$ \_\_\_\_\_ or \_\_\_\_\_ %

### **PART III** Special Instructions

Return this form AND a **VOIDED CHECK** or **DEPOSIT SLIP** for each bank account, to the Payroll Office