



### Direct Deposit Authorization Form

I hereby authorize Kendall County to directly deposit my pay in the bank account listed below. I have attached a voided check or other bank confirmation for the account specified below. This authorization is to remain in force until Kendall County has received written authorization from me of its termination or change. Also, I hereby grant Kendall County the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment. I understand that if such debit is created, I will receive notification from the County.

Employee name (printed): \_\_\_\_\_

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

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#### Account #1 (Check only one)

☐ Checking

☐ Savings

Financial institution: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State and Zip code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Personal Account Number:																			
ABA (Routing) Number:																			

Amount of pay to be deposited into this account: \_\_\_\_%

#### Account # 2 (Check only one)

☐ Checking

☐ Savings

Financial institution: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State and Zip code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Personal Account Number:																			
ABA (Routing) Number:																			

Amount of pay to be deposited into this account: \_\_\_\_%

☐ I have attached a voided check or other bank confirmation for the account(s) specified above.