

DIRECT DEPOSIT AUTHORIZATION FORM

I (we) hereby authorize CATOOSA COUNTY (The Company) to initiate entries to my checking/savings accounts at the financial institution listed below (The Financial Institution), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until The Company is notified by me (us) in writing to cancel it in such time as to afford The Company and The Financial Institution a reasonable opportunity to act on it.

Name - PLEASE PRINT

Social Security Number

Address - PLEASE PRINT

City

State

Zip

ACCOUNT INFORMATION

Name of Financial Institution: _____

Location of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Please attach document showing account number and routing number
(example: voided check)

SIGNATURE

Deposit full net amount per pay period.

Deposit \$_____ fixed amount per pay period.

Cancel Direct Deposit to account listed above.

Signature

Date

