

ALEXANDER COUNTY DIRECT DEPOSIT AGREEMENT

Office Use Only	

NAME (PLEASE PRIN	іт)	EMPLOYEE NUMBER
Please check one o	of the two boxes below:	
START -	I authorize Alexander County to make automa (check one) — CHECKING ACCOUNT	itic deposit of my <u>net pay</u> to my: ☐ SAVINGS ACCOUNT
CHANGE -	I authorize Alexander County to <i>change</i> the authorize (check one)	☐ SAVINGS ACCOUNT
	he Alexander County Finance Department can a joint banking account maintained by the emplo	
BANKING INSTITUT	AT IT IS MY OWN RESPONSIBILITY TO VERIFY ALTION AND PROMPTLY BRING TO THE ATTENTION SCREPANCY OF WHICH I AM AWARE.	
	ny responsibility to promptly provide new direct or any reason, my former account should becom	
written notification	shall remain in effect until the Alexander Count n from me to change the automatic deposit of n e payroll period to complete the action request	ny net pay. I understand that it may
	error in the automatic deposit of my net pay, I a ruction from the County Finance Office, to corre	
transcription by th	hat the Alexander County Finance Department e individual of bank transit routing numbers, ac ns or for other errors of the individual or their b	count numbers, for rejected automatic
Signature:		Date:

If this is an initial enrollment or banking change, attach a voided check if using your checking account, or if using your savings account, attach an official document from your financial institution showing the financial institution's routing number and your account number.