

DIRECT DEPOSIT AUTHORIZATION

I (we) hereby authorize ELKO COUNTY (tax ID # 88-6000039) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository financial institution named below, hereinafter called depository, to credit and/or debit the same to such account.

New Change Stop

BANK NAME: _____ Checking Savings Prepaid Card

ROUTING #: _____ ACCOUNT #: _____

PERCENT OR DOLLAR AMOUNT TO BE DEPOSITED: _____

New Change Stop

BANK NAME: _____ Checking Savings Prepaid Card

ROUTING #: _____ ACCOUNT #: _____

PERCENT OR DOLLAR AMOUNT TO BE DEPOSITED: _____

New Change Stop

BANK NAME: _____ Checking Savings Prepaid Card

ROUTING #: _____ ACCOUNT #: _____

PERCENT OR DOLLAR AMOUNT TO BE DEPOSITED: _____

This authority to remain in full force and effect until ELKO COUNTY PAYROLL has received written notification from me (or either of us) of its termination in such time and in such manner as to afford ELKO COUNTY PAYROLL and Depository a reasonable opportunity to act on it.

EMPLOYEE NAME: (please print) _____

EMPLOYEE SIGNATURE: _____ DATE: _____

***EMPLOYEE EMAIL ADDRESS REQUIRED FOR PAYSTUB RECEIPT:**

Primary: _____

Secondary: _____

**PLEASE ATTACH A VOIDED CHECK OR BANK INFORMATION SHEET
FOR ACCOUNT ACCURACY**

NOTE: Any new or changed accounts will be pre-noted (confirming bank routing number & account number) after entered into the payroll system. The first check immediately following receipt of your new direct deposit form will be a paper check and not directly deposited to your account.