

GRANT COUNTY DIRECT DEPOSIT ENROLLMENT FORM

Grant County deposits all payroll amounts directly to the employee's financial institution (bank, credit union, etc.) of choice.

Here's how Direct Deposit works:

On payday, you will receive a statement, similar to a check stub, which shows your gross pay, taxes, other deductions, and net pay. Your net pay is automatically deposited in the account you listed on your enrollment form. Most financial institutions will post your deposit to your account on the morning of the day it is received, however, your financial institution, not Grant County, has control of this. The amount of the deposit will appear on the monthly statement you receive from your financial institution.

To designate where your payroll should be deposited, complete the attached authorization form:

- Fill in your name, financial institution and location, and date
- You may divide your net pay between up to three accounts
- Mark the box below type of account to indicate whether your pay will be deposited in your checking or savings account. Your full paycheck will automatically be deposited in the account, minus any fixed amounts you direct to other accounts.
- If you want a fixed amount directed to another account, specify the dollar amount and mark the box indicating whether it is checking or savings.
- Please attach a voided check and/or letter from your financial institution for each account. This is essential to verify accuracy of the transit and accounting numbers.
- Sign the form and submit it to Leslie Gulliford in the Finance Department.

Direct deposit changes will generally begin with the first paycheck after you submit the direct deposit form.

GRANT COUNTY DIRECT DEPOSIT ENROLLMENT FORM

To enroll in Direct Deposit, complete the form below and return it to Leslie Gulliford in the Finance Department.

I hereby authorize Grant County to initiate electronic credit entries (direct deposit of any and all net pay owed to me) and, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below, and I hereby authorize the financial institution(s) named below to credit the same to such account.

NET PAY		
_____		_____
FINANCIAL INSTITUTION NAME	BRANCH	
ADDRESS	CITY/STATE	ZIP CODE
_____		_____
		TYPE OF ACCOUNT
		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
TRANSIT ROUTING NUMBER	ACCOUNT NUMBER	
_____	_____	

FIXED AMOUNT		
Deduction Amount: \$ _____		
_____		Type of Account
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Transit Routing Number	Account Number	
_____	_____	

FIXED AMOUNT		
Deduction Amount: \$ _____		
_____		Type of Account
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Transit Routing Number	Account Number	
_____	_____	

FIXED AMOUNT		
Deduction Amount: \$ _____		
_____		Type of Account
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Transit Routing Number	Account Number	
_____	_____	

This authority will remain in effect until Grant County has received written notification from me of its termination in such time and manner as to afford the county and the financial institution a reasonable opportunity to act on it.

Employee Name (please print)	
_____	_____
Signature	Date

Please attach a voided check and/or letter from your financial institution for each account to verify routing and account numbers.