

MACOMB COUNTY DEPARTMENT OF ROADS

PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

Return this completed form to the Department of Roads Finance Department

Purpose of the Authorization – check one

- New authorization
(Complete Sections A, B, C & F)
- Changes to existing authorization
(Complete sections A, B, D & F)
- Cancellation
(Complete sections A & E)

A. Employee Information

Employee's Name (please print)

Employee Number

Department

B. Banking/Financial Institution Information for Deposit of NET check

If you wish to have additional deductions, please fill out Section F and check here:

Financial Institution Name

Phone Number of Institution

Bank Routing/ABA Number

Account Number

CHECK ONE Checking Account (attach a voided check) Savings Account (attach a deposit slip)

C. New Authorization Statement

I authorize and request the Department of Roads to transmit the net amount of my regular and/or supplemental payroll, after all deductions, to the financial institution indicated above for direct deposit to my account. Direct deposit will become effective two or three pay periods following the receipt of this form by the Department of Roads Finance Department. I understand this authorization shall remain in effect until I notify the Department of Roads Finance Department by completing another "Payroll Direct Deposit Authorization Form", allowing 1-2 payroll periods for the Department of Roads to act upon my request for termination or change in account information. I waive and release the employees, and agents from all claims which may arise as a result of electronic malfunctions related to any such direct deposits or any acts, omissions, or negligence on the part of the bank(s) receiving such deposit.

Employee's Signature

Date

D. Change Authorization

I authorize and request the Department of Roads to make the changes indicated on this form, by me, for automatic deposit of the net amount due from regular or supplemental payroll to my account. I will allow 2-3 payroll periods for the Department of Roads to act upon my request.

Employee's Signature

Date

MACOMB COUNTY DEPARTMENT OF ROADS

PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

Return this completed form to the Department of Roads Finance Department

E. Cancellation Statement

I request that the Department of Roads terminate my authorized direct deposit of net amount due from payroll to my account. I will allow 1-2 payroll periods for the Department of Roads to act upon my request to terminate this agreement.

Employee's Signature

Date

F. Request for Additional Deductions

1. Please deposit the following amount into the account number and financial institution listed below. I understand that this amount will be deducted each pay period from my net direct deposit amount.

Amount of Fixed Deduction per Pay Period

Financial Institution Name

Phone Number of Institution

Bank Routing/ABA Number

Account Number

CHECK ONE

Checking Account (attach a voided check)

Savings Account (attach a deposit slip)

2. Please deposit the following amount into the account number and financial institution listed below. I understand that this amount will be deducted each pay period from my net direct deposit amount.

Amount of Fixed Deduction per Pay Period

Financial Institution Name

Phone Number of Institution

Bank Routing/ABA Number

Account Number

CHECK ONE

Checking Account (attach a voided check)

Savings Account (attach a deposit slip)

Employee's Signature

Date