

PLEASE SUBMIT COMPLETED FORM TO THE HUMAN RESOURCES DEPARTMENT

FAUQUIER COUNTY GOVERNMENT & PUBLIC SCHOOLS
DEPARTMENT OF HUMAN RESOURCES

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

(Please type or print in ink)

Employee Name	Employee Number	
Department or School	Work Phone	Home Phone

Account Information (If more than two accounts are requested, please complete additional forms as necessary.)

<i>Circle One:</i> <i>ADD</i> <i>CHANGE</i> <i>DELETE</i>
Account # _____ Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Transit/ABA Routing # _____
Bank Name _____
Bank Location (City, State) _____
Amount to Deposit : Net Amount <input type="checkbox"/> Specific Amount \$ _____

<i>Circle One:</i> <i>ADD</i> <i>CHANGE</i> <i>DELETE</i>
Account # _____ Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Transit/ABA Routing # _____
Bank Name _____
Bank Location (City, State) _____
Amount to Deposit : Net Amount <input type="checkbox"/> Specific Amount \$ _____

I hereby authorize the County of Fauquier, Virginia to initiate credit entries to my account(s) indicated above, and if necessary, debit entries to my account(s) to correct any credit entries made to my account in error.

Employee Signature

Date

Please attach a voided blank check or savings account deposit slip for account validation.

Note: If you do not have a deposit slip or void check for one of your accounts, please have your financial institution certify your account below. Use a separate direct deposit form if an additional financial certification is needed.

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above named payee and the account number. As a representative of the above named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above.

Signature of Bank Representative

Date

Telephone Number