SPARTANBURG COUNTY
AUTHORIZATION FOR DIRECT DEPOSIT

Revised 12/30/11

PLEASE PRINT:
EMPLOYEE #: _____ EMPLOYEE NAME: _____

Account 1 Information: ☐ Add ☐ Change ☐ Delete ☐ Change Flat Dollar Amount Only ☐ No Change

	Financial Institution Name	Transit/Routing Number	Account Number
☐ CHECKING ☐ SAVINGS			

☐ **ALL** **OR** **You may enter a flat dollar amount:** _____

Note: If funds are to be deposited into only one account, you MUST select the "ALL" box. If a flat dollar amount is entered, you MUST provide the additional account information below for the allocation of the remaining balance.

Account 2 Information: ☐ Add ☐ Change ☐ Delete ☐ Change Flat Dollar Amount Only ☐ No Change

	Financial Institution Name	Transit/Routing Number	Account Number
☐ CHECKING ☐ SAVINGS			

☐ **Remaining Balance** **OR** **You may enter a flat dollar amount:** _____

Note: If a flat dollar amount is entered, you MUST provide additional account information below for the remaining balance.

Account 3 Information: ☐ Add ☐ Change ☐ Delete ☐ No Change

	Financial Institution Name	Transit/Routing Number	Account Number
☐ CHECKING ☐ SAVINGS			

☐ **Remaining Balance**

STAPLE A VOIDED CHECK FOR EACH ACCOUNT HERE **(No starter checks or deposit slips)**

If this account does not have checks, please attach a form signed by a representative from your financial institution certifying the name on the account, the type of account (checking or savings), the routing number and the account number.

Staple the form to the back of this direct deposit authorization.

By completing and signing this form, you authorize SPARTANBURG COUNTY to initiate credit entries in the amounts specified, each pay day, to the financial institutions and accounts indicated. You also authorize Spartanburg County to initiate debit entries to your accounts up to the amount of the overpayment only. This authorization is to remain in full force and effect until SPARTANBURG COUNTY has received written notification from me of its termination in such time and in such manner as to afford SPARTANBURG COUNTY a reasonable opportunity to act on it.

DATE: _____ SIGNATURE: _____