



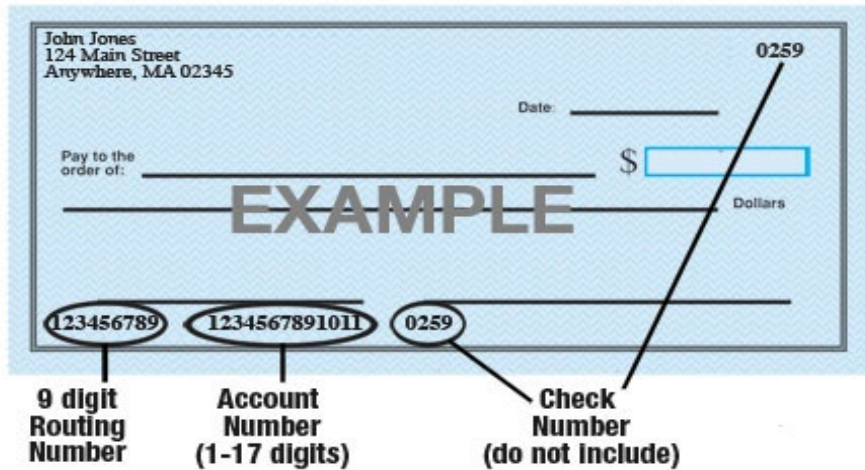
Direct Deposit Authorization Form

Please print and complete ALL the information below.

First Name:

Last Name:

Social Security Number:



Name of Bank:

Account#:

9-Digit Routing #:

Amount:

%

or Entire Paycheck

Type of Account:

Checking

Saving (Check One)

Attach a voided check for each bank account to which funds should be deposited (if necessary)

I hereby authorize Edmunds and the Butts County Board of Commissioners to deposit any amounts owed to me, as instructed by my employer, by initiating credit entries into my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize the bank to accept and credit entries indicated by Edmunds and the Butts County Board of Commissioners to my account. In the event that Edmunds and the Butts County Board of Commissioners deposit fund erroneously into my account, I authorize Edmunds and the Butts County Board of Commissioners to debit my account for an amount not to exceed the original amount of the erroneous amount.

The Butts County Board of Commissioners is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Email Address for Direct Deposit Notice:

Employee's Signature:

Date: