

Direct Deposit Authorization Form

Town of Holly Springs

Name: _____

Employee ID #

Action Requested: (Check one) Start Direct Deposit

Change (add a bank, increase/decrease fixed amount or select new balance account)

- A change replaces the direct deposit authorization currently on file
- Fill in every row of bank information to show how your check should now be deposited.

You must attach a voided check or provide a letter from the bank. If you use a deposit slip you must verify that the routing number is correct.

Bank Name	Routing # _____ (9 digits)	Checking <input type="checkbox"/> Or Savings <input type="checkbox"/>	I wish to deposit \$_____00 Or <input type="checkbox"/> Entire Net Amount
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If depositing to more than one (1) bank, you must choose one account to deposit entire net amount.

Bank Name	Routing # _____ (9 digits)	Checking <input type="checkbox"/> Or Savings <input type="checkbox"/>	I wish to deposit \$_____00 Or <input type="checkbox"/> Entire Net Amount
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Bank Name	Routing # _____ (9 digits)	Checking <input type="checkbox"/> Or Savings <input type="checkbox"/>	I wish to deposit \$_____00 Or <input type="checkbox"/> Entire Net Amount
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I authorize the Town of Holly Springs to deposit my net pay via direct deposit to my account(s) as indicated above. If funds to which I am not entitled are deposited to my account(s), I authorize the Town of Holly Springs to direct the financial institution(s) to return said funds.

I understand that it is my responsibility to verify that payments have been credited to my account(s) and that the Town of Holly Springs assumes no liability for overdrafts for any reason. I understand that in the event my financial institution(s) is/are not able to deposit any electronic transfer into my account due to any action I take, the Town of Holly Springs cannot issue the funds to me until the funds are returned to the Town of Holly Springs by my financial institution(s).

I understand I must immediately notify the Human Resources Department before I close any/all account(s) listed above while this authorization is in effect.

Employee Signature _____

Today's Date _____