

DIRECT DEPOSIT AUTHORIZATION

Employee Information

Name: _____

Social Security #: _____

Department: _____

Phone Number: _____

Financial Institution Information

Name: _____

Address: _____

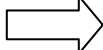
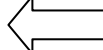
City, State, Zip _____

Phone Number: _____

Routing Number: _____

Account # _____

Circle one of the following: CHECKING or SAVINGS

 **Please attach a voided check** 

I authorize Missoula County Payroll to automatically deposit my net pay into my account, and if necessary, make adjustment entries. This authorization will remain in effect until I have canceled in writing.

Signature: _____

Date: _____

Thank you for signing up!! Your first direct deposit will take effect within 30 days after Accounting has received this authorization

**Return completed form to Payroll in Accounting & Finance
(Phone ext: 4910 or 4912)**