



AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSITS

I, _____, hereby authorize and instruct the *Madison County Commission Payroll Department* to deposit the amount of each of my payroll payments directly into my checking or savings account indicated below. I hereby authorize my employer (name above) to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account listed below.

INSTITUTION NAME: _____

INSTITUTION ADDRESS: _____
CITY STATE ZIP

DEPOSIT INSTRUCTIONS

PLEASE DEPOSIT THE FULL AMOUNT OF EACH OF MY PAYROLL PAYMENTS TO MY:
CHECKING ACCOUNT NUMBER: _____
*TRANSIT/ABA NUMBER: _____

PLEASE DEPOSIT THE FULL AMOUNT OF EACH OF MY PAYROLL PAYMENTS TO MY:
SAVINGS ACCOUNT NUMBER: _____
*TRANSIT/ABA NUMBER: _____

**Nine digit routing number that appears on the bottom of a check.*

(Please attach a voided check, or copy of a check, for the account to which such automatic deposits are to be made.)

PLEASE **STOP** THE FULL AMOUNT OF EACH OF MY PAYROLL PAYMENTS GOING TO MY ACCOUNT.

I understand that I can cancel this authorization at any time. To cancel, I must give written notice to the *Madison County Personnel Department*. My cancellation will become effective when the County receives my notice of cancellation and has had a reasonable period of time (15 days) for Madison County and the Banking Institution to act on it. Any automatic deposits to or withdrawals (for error corrections only) from my account by the County up until that time will be authorized by this authorization.

I further understand that all automatic deposits and credits to or withdrawals and debits from my account under this authorization will be subject to all rules, regulations, agreements, and disclosure statements of Madison County and the Institution governing accounts and preauthorized transfers to and from accounts. I understand that any fees assessed *to me* by the Banking Institution for *my failure* to provide proper notice will be my responsibility.

I hereby state that I received a completed copy of this authorization.

Name: _____ Signature: _____

Employee ID #: _____ Employee S.S. #: _____ Employee Dept. #: _____ Date: _____