

VANDEBURGH COUNTY
DIRECT DEPOSIT
CHANGE FORM

EMPLOYEE NAME: _____

Select any of the following:

Delete secondary institution

Change primary institution to: _____

Routing number: _____

Account number: _____

Type of account:

Checking:

Savings:

(Check one)

Change secondary institution to: _____

Routing number: _____

Account number: _____

Dollar amount: _____

Type of account:

Checking:

Savings:

(Check one)

Employee signature: _____

Date signed: _____

(Auditor's Office Use only)

Date entered: _____

By: _____

Payroll effective date: _____