

Vanderburgh County Direct Deposit Authorization Form

primary account

(Financial institution Name/Branch)

(Routing number)

(Account number)

Type of Account:

Checking:

Savings:

(Check one)

secondary account:

(Financial institution Name/Branch)

(Routing number)

(Account number)

Type of Account:

Checking:

Savings:

(Check one)

(Dollar Amount)

This authority is to remain in full force and effect until Vanderburgh County has received written notification from me of its termination in such time and manner as to afford Vanderburgh County and the financial institution reasonable opportunity to act on it. I understand that Vanderburgh County shall not be held responsible for any bank charges that may be attached to my account.

(Print employee name)

(Employee signature)

(Daytime phone number)

(Date signed)