

**Vanderburgh County Payroll  
Direct Deposit Authorization Form**

**Employee Name:** \_\_\_\_\_

**1. Primary Account:**

Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account:

Checking:

Savings:

(Check One)

**2. Secondary Account (only if a different financial institution):**

Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Dollar Amount: \_\_\_\_\_

Type of Account:

Checking:

Savings:

(Check One)

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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)

\_\_\_\_\_  
(Date signed)

**(Auditor's Office Use Only)**

Date entered: \_\_\_\_\_

By: \_\_\_\_\_

Payroll Effective Date: \_\_\_\_\_