

DENTON COUNTY DIRECT DEPOSIT AUTHORIZATION

Employee Name _____ SSN _____

Contact Number _____

Email Address (required) _____
(Use your dentoncounty.com or dentoncounty.local email address if one has been assigned to you. Otherwise, enter your personal/home email address.)

Authorization
 Cancellation

Bank Name _____

Transit/ABA # _____

Account Type Checking Savings

Account # _____

Amount to Deposit Net Pay
 Specific Amount \$ _____

Authorization
 Cancellation

Bank Name _____

Transit/ABA# _____

Account Type Checking Savings

Account # _____

Amount to Deposit Net Pay
 Specific Amount \$ _____

| | | |
|---|-------------|------|
| Jane A. Doe 1000 Main St. Anywhere, USA 10001 | Date _____ | 3680 |
| PAY TO THE ORDER OF _____ | \$ _____ | |
| MEMO _____ | X _____ | |
| 123456789 | 11484620040 | 3680 |

Transit/ABA No.

Account No.

I have read and understand the Terms and Conditions (on the back of this form) of participating in the direct deposit program with Denton County. Attached is my voided pre-printed check for verification of bank routing and account number(s).

Employee Signature _____ Date _____

DIRECT DEPOSIT INSTRUCTIONS

You may only direct deposit to accounts to which you are a signatory.

Definition: Net Pay is the amount of your paycheck after all deductions have been made. It is the actual amount you take home.

Option 1 (Net Pay): Direct Deposit your entire net pay to either a checking or savings account.

Option 2 (Specific Amount): Direct Deposit specific amounts to any multiple checking or savings accounts and direct deposit the remaining balance of your net pay to either a checking or savings account.

Direct Deposits are effective on payday at the opening hour of your financial institution.

RETURN COMPLETED FORM TO THE COUNTY TREASURER

DENTON COUNTY DIRECT DEPOSIT PROGRAM

TERMS AND CONDITIONS

I hereby appoint the Treasurer of Denton County as my agent and give power of attorney for the purpose of directly depositing my salary by Electronic Funds Transfer to the financial institution and to initiate credit entries to my account(s) designated and to credit the same to such account(s). This authorization and request to deposit my salary is not an assignment of my rights to receive payment of my salary from Denton County. I understand that by having this form submitted by the last working day of the pay period, it will become effective in four weeks (2 full payrolls).

I understand the Treasurer of Denton County reserves the right to stop making deposits of my salary by Electronic Funds Transfer without advance notice. I also agree that to cancel my authorization to electronically deposit my salary, a properly filled out request form must be in the Treasurers Office no later than the last working day of the pay period to be effective immediately.

I hereby authorize the Treasurer of Denton County to initiate debit entries and adjustments for any credit entries in error to my account and to debit the same to such account or to deduct from my subsequent salary all amounts deposited to the account in error. In the event my designated account is closed or contains an insufficient balance to allow debit entries and adjustments to the account for amounts deposited in error, then I agree that the Treasurer may withhold any payments owing to me by Denton County until such payment deposited in error is repaid.

I hereby hold Denton County, its officials and employees, harmless for any errors that might occur in the process of Electronic Funds Transfer. At no time will Denton County be liable for any costs or damages which might occur as a result of this Agreement and I understand that Denton County's limit of liability is for the amount of my paycheck as determined by my salary.
