

OTTAWA COUNTY DIRECT DEPOSIT FORM

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize the Ottawa County Auditor to initial automatic deposits into my account at the financial institution named below. I also authorize the Ottawa County Auditor to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold the Ottawa County Auditor responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to any error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the Ottawa County Auditor receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Bank Name: _____ Net Check
Routing Number: _____ \$ _____ / Pay Period
Account Number: _____ Checking Savings

Signature

Printed Name: _____ SSN: _____
Signature: _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.

Termination of Agreement

Signature: _____ Date: _____