Employee Number

Authorization Agreement for
Direct Deposit for Checking or Savings Accounts

Company Name: **Ector County**

I (We) hereby authorize **Ector County**, hereinafter called Company, to credit my (our) account with the depository named below. If the Company erroneously deposits funds into my (our) account, I authorize the Company to initiate the necessary debit entries not to exceed the total of the original amount credited.

For financial Institution Use Only

Financial Institution			**Account Number**	**Savings** ☐	**Checking** ☐
Address			**Transit Routing/ABA Number**		
City	**State**	**Zip**	**Phone Number**		

☐ **Entire Check Amount (100% of every check)**

☐ **_____ % check (for example, 50% of every check)**

☐ **$_____ per check (fixed dollar amount, such as $350 every check)**

Please tape a voided check in this area.

OR

Attach a Direct Deposit Form from your bank, signed by a bank representative.

THANK YOU

I understand that my last pay check will not be deposited.
I will have to sign for it in person.

Employee Name: _____ Date _____

Employee Address: _____
Address City State Zip

Employee Signature: _____