

ORANGEBURG COUNTY
Payroll Check
Direct Deposit Authorization Agreement

Name: _____ SSN: _____
 Last First MI

Action Requested: Start Direct Deposit Stop Direct Deposit Change (add/delete acct., increase/decreased fixed amount)

Bank Name	Routing # _____	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	Fixed Amount \$ _____	<input type="checkbox"/> Balance Account Deposit balance of net pay to this account
	Acct# _____			

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I authorize the County of Orangeburg to deposit my payroll check via direct deposit to my account(s) as indicated above. I understand that it is my responsibility to verify that payments have been credited to my account(s) and that the County of Orangeburg assumes no liability for overdrafts for any reason. I understand that in the event my financial institution(s) is/are not able to deposit any electronic transfer into my account due to any action I take, the County of Orangeburg cannot issue the funds to me until the funds are returned to the County of Orangeburg by my financial institution(s).

I understand this authorization will override any previous authorization and will remain in effect until a) revoked by my written request; or b) following my termination from employment with the County of Orangeburg.

I understand I must immediately notify the Personnel Office before I close any/all account(s) listed above while this authorization is in effect.

Employee signature _____ Date _____

Attached a voided check for each new account entered above. _____

Please allow up to 2 pay cycles for this authorization to take effect.