

# Fairfield County Direct Deposit (ACH Credits) Authorization

**Transaction Type** (check one):

- New Account  
 Change Account

AUDITOR'S OFFICE USE ONLY	
Employee #: _____	Initials: _____
Vendor #: _____	Initials: _____
Pre-note Submission Date: _____	Live Date: _____

**BANK INFORMATION:**

**Account #1**

Account #1 Type (check one):  Checking  Savings

Bank Name \_\_\_\_\_

Bank Routing # (ABA#) \_\_\_\_\_

Account # \_\_\_\_\_

Percentage or Dollar Amount to be Deposited to This Account \_\_\_\_\_

**Account #2 (remainder to be deposited to this account)**

Account #2 Type (check one):  Checking  Savings

Bank Name \_\_\_\_\_

Bank Routing # (ABA#) \_\_\_\_\_

Account # \_\_\_\_\_

Percentage or Dollar Amount to be Deposited to This Account \_\_\_\_\_

**BANK VERIFICATION: *Your bank MUST verify the above information OR you MUST attach a voided check for one and/or both above accounts.***

The above information has been verified to be accurate for ACH credit activity.

\_\_\_\_\_  
*Bank Employee Signature* *Title* *Date*

**AUTHORIZATION:**

I authorize the Fairfield County Auditor to initiate credit entries and, if necessary, debit and adjustment entries for any credit entry errors to my account indicated above. I also authorize the depository named above to credit and/or debit the same to said account.

*You will not receive a physical check with the first payroll transaction, it will be direct deposited.*

**I understand my direct deposit advice will be emailed to my county email address as indicated below. If I do not have a county or an IT approved email address, I will receive a printed advice.**

County Email Address: \_\_\_\_\_

\_\_\_\_\_  
*Employee Name (please print)*

\_\_\_\_\_  
*Last Four Digits of SSN*

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*