

## Fairfield County Auditor Finance Office Direct Deposit Authorization Request and Change Form

Transaction Type (select on	Use the drop down box to select transaction type							
Bank Information:								
	count Type:							
Fixed amount or percentage pe		\$		OR		%		
Name of Bank:	. pa, paaa	Ψ				1 7 -		
Routing Number (ABA):								
Account Number:								
Account Number.								
"Savings Stash" Account Ac	count Type:							
Fixed amount or percentage pe	r pay period	\$		OR		%		
Name of Bank:	<u>.</u>							
Routing Number (ABA):								
Account Number:								
number <u>or</u> attach a voided check for the account(s) above.  Alternatively, a bank representative may sign below, verifying the account details provided are accurate.								
Bank Employee Signature		Title				Date		
, ., <u>9</u>								
<b>AUTHORIZATION:</b> 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. By authorizing this document, you are also attesting that you are an <b>owner</b> of the bank account(s) indicated. This authorization will remain in effect until the Fairfield County Auditor has received my written notification of its termination.  I acknowledge it is my responsibility to inform Fairfield County of any termination/change of email address listed below. I understand that having my direct deposit advice emailed replaces the printed advice and that I am responsible for retaining the advices for future reference.								
Employee Name	Employee Name County Email Address:							
I understand my direct deposi county or an IT approved ema check with the first payroll trar	il address, I will r						∍а	
Requestor Signature:			Last 4 digits of SSN			Date:		
AUDITOR'S OFFICE USE ONLY								
Employee ID:			Initials:	Ini	tials:		]	
Pre-Note Submission Date:			Live Date:	·	1		1	