

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 _____