



MONTGOMERY COUNTY GOVERNMENT

P.O. Box 368
1 Millennium Plaza
Clarksville, TN 37040

AUTHORIZATION AGREEMENT
FOR
PAYROLL DIRECT DEPOSIT

Name: Social Security #: EE ID#:

Telephone: Pay Frequency: Bi-Weekly Effective Date: Type of Request: NEW CHANGE
(Please circle one)

I authorize the deposit of my Montgomery County Payroll Check/Earnings into my Bank Account(s) as indicated below. I understand that I must complete a new direct deposit authorization to stop direct deposit before I close the indicated bank account(s). Failure to notify the Payroll Office of a closed account may result in a delayed receipt of earnings.

TYPE OF ACCOUNT:

Table with 3 columns: BANK ROUTING #, ACCOUNT #, and DIRECT DEPOSIT AMOUNT. Rows include CHECKING, SAVING, OTHER, and OTHER.

You may split your Direct Deposit into a maximum of four (4) accounts (EXAMPLE: 2 checking/2 savings or 1checking/3 savings). Each account, except for the PRIMARY account, must indicate a flat dollar amount to be deposited. Print "BALANCE" or "REMAINDER" in the direct deposit amount field for the account that is your PRIMARY account.

PLEASE NOTE THAT THERE IS A ONE PAY PERIOD DELAY FOR NEW ACCOUNT OR CHANGES TO EXISTING ACCOUNTS. THIS IS DUE TO A WIRE TRANSFER TESTING PERIOD MANDATED BY THE AUTOMATED CLEARING HOUSE THAT PROCESSES THE TRANSACTIONS.

This authorization should remain in force until I cancel it or until I terminate my employment with Montgomery County. I understand that any change to this authorization will be processed for the next earliest pay period. Montgomery County reserves the right to recall any deposit improperly created and deposited to my account for any reason I agree that my bank may honor any recall requests made by Montgomery County and hereby absolve Montgomery County from any and all liability that either institution might incur as a result of such a recall by Montgomery County for any cause.

Signature

Date

ATTACH VOIDED PRE-PRINTED CHECK
FOR CHECKING ACCOUNT DEPOSITS

OR

CONTACT BANK FOR SAVINGS ACCOUNT ROUTING NUMBER

Revised 10/02/2014

DIRECT DEPOSIT
CANCELLATION REQUEST
I hereby request cancellation of the
Direct Deposit authorization as stated above

Signature

Date