**DIRECT DEPOSIT FORM**

**\*\*Please attach a voided check or bank document showing routing and account number\*\***

|  |  |
| --- | --- |
| Employee Name: |  |
| Social Security #: |  |
| Cell Phone: |  |
| Email: |  |

|  |  |
| --- | --- |
| Direct Deposit #1 | 🞏 Checking 🞏 Savings |
| Bank Name: |  |
| Routing #: |  |
| Account #: |  |
| Amount: | 🞏 Flat Amount 🞏 Net (Entire Paycheck) |

|  |  |
| --- | --- |
| Direct Deposit #2 | 🞏 Checking 🞏 Savings |
| Bank Name: |  |
| Routing #: |  |
| Account #: |  |
| Amount: | 🞏 Flat Amount 🞏 Net (Entire Paycheck) |

HIGHLAND COUNTY GOVERNMENT is hereby authorized to directly deposit my pay into the account listed above. The undersigned also authorizes their financial institution to receive and accept any such deposits and credit the same to my account. If any deposits are made to my account in error by Highland County Government, I, the undersigned, authorizes my financial institution to return the erroneous payment to Highland County Government and debit my account for the same. This authorization will remain in effect until I modify or cancel it in writing.

|  |  |
| --- | --- |
| Employee Signature: |  |
| Date: |  |

SAMPLE CHECK:

