

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)  
JEFFERSON COUNTY GOVERNMENT**

I hereby authorize Jefferson County Government to initiate credit entries to the checking or savings account indicated at the depository financial institution named below, and to credit the same to such account.

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Account Type:         Checking  
                           Savings

Please enter the amount or percentage to be deposited to this account \_\_\_\_\_

This authorization is to remain in full force and effect until Jefferson County Government has received written notification from me of its termination in such time and such manner as to afford Jefferson County Government and Financial Institution a reasonable opportunity to act on it. **CHANGES TO YOUR DIRECT DEPOSIT MAY BE MADE AT ANY TIME.**

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date

NOTE: All written credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

**ATTACH VOIDED CHECK HERE:**

I understand that direct deposits are subject to a prenotification process to verify account accuracy. It may take up to two weeks after data entry for this process to complete. Any pay issued in the interim may be issued as a check.

Always verify your direct deposit before writing checks.

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Signature

Date