Webster County PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

Please print or type. Submit this form to the Auditor's Office. NOTE: Direct deposit may be set up for separate accounts at separate banks.

Street Address: City: State: Zi	Last Name:		First:	Middle:	SSN:
I authorize Webster County to deposit my net earnings to: Bank Name: Bank Transit Routing Number Type of account: Checking Savings Account Number: For Secondary Bank Account I authorize Webster County to deposit the following fixed dollar amount from my earnings to: Bank Name: Bank Transit Routing Number Type of account: Checking Savings Account Number: Fixed amount: \$ You Must Attach An Original Voided Check Here For Each Account No photocopies of checks. If depositing to a savings account, attach ORIGINAL deposit slip or other	Street Address:		City:	State:	Zip:
Bank Transit Routing Number Type of account:			For Primary Bank Ac	count	
Bank Transit Routing Number Savings Account Number: For Secondary Bank Account I authorize Webster County to deposit the following fixed dollar amount from my earnings to: Bank Name: Bank Transit Routing Number Savings Account Number: Savings Account Number: Fixed amount: \$\\$ You Must Attach An Original Voided Check Here For Each Account No photocopies of checks. If depositing to a savings account, attach ORIGINAL deposit slip or other	I authorize <i>We</i>	ebster County to depos	sit my net earnings to:		
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Account Number: For Secondary Bank Account I authorize Webster County to deposit the following fixed dollar amount from my earnings to: Bank Name: Bank Transit Routing Number Type of account:		Bank Transit Routin	g Number		
For Secondary Bank Account I authorize Webster County to deposit the following fixed dollar amount from my earnings to: Bank Name: Bank Transit Routing Number Type of account:		Type of account:	☐ Checking ☐	Savings	
A authorize Webster County to deposit the following fixed dollar amount from my earnings to: Bank Name: Bank Transit Routing Number Type of account:		Account Number:			
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If depositing to a savings account, attach ORIGINAL deposit slip or other		You Must At	tach An Original Voided Che	eck Here For Each Acco	unt
		No photo	copies of checks.		
				ORIGINAL deposit slip	or other
	nployee Sign	ature		Date	Phone Number