

*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.*

Last Name:	First:	Middle:	SSN:
Street Address:	City:	State:	Zip:

For Primary Bank Account

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 verification of account number.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number