

Electronic Funds Transfer authorization

I hereby authorize my employer to directly deposit my pay in the bank account(s) listed below in the percentages or amounts specified. I have attached a voided check for each account specified below. This authorization is to remain in force until the payroll office has received written authorization from me of its termination or change.

Also, I grant Yamhill County the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment

Name: _____ Emp# _____

Address: _____

Telephone:(____) _____

Signature: _____ Date: _____

Company Use Only: Effective Date _____

Account #1 Checking _____ Savings _____ (check only one)

Financial Institution: _____

Street Address: _____

City, State and Zip code: _____

Telephone:(____) _____

Personal Account Number: _____

Percent or amount of pay to be deposited into this account: _____ %

Company Use Only:Bank/ABA Number: _____

Account #2 Checking _____ Savings _____ (check only one)

Financial Institution: _____

Street Address: _____

City, State and Zip code: _____

Telephone:(____) _____

Personal Account Number: _____

Percent or amount of pay to be deposited into this account: _____ %

Company Use Only:Bank/ABA Number: _____
