

EMPLOYEE AUTHORIZATION FOR AUTOMATIC DEPOSITS

NAVAJO COUNTY GOVERNMENT

PO BOX 668

HOLBROOK, AZ 86025

I hereby authorize **NAVAJO COUNTY** to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error, to my checking or savings account(s) indicated below and the depository named below, to credit and/or debit the same account.

Check One

Initiate Direct Deposit

Revise Direct Deposit

Cancel Direct Deposit

PLEASE ATTACH A VOIDED CHECK FOR CHECKING ACCOUNT(S). IF YOU HAVE A SAVINGS ACCOUNT, PLEASE GET DOCUMENTATION FROM YOUR FINANCIAL INSTITUTION STATING YOUR NAME, ACCOUNT NUMBER, AND ROUTING NUMBER. DEPOSIT SLIPS ARE NO LONGER ACCEPTED.

Net Pay Account

Financial Institution Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Branch: _____

Account #: _____ Routing Number: _____

Circle One: Checking or Savings

Additional Account (Optional)

Financial Institution Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Branch: _____

Account #: _____ Routing Number: _____

Circle One: Checking or Savings

Dollar Amount to be deposited: _____

Please attach voided check

This authority is to remain in full force and in effect until you have received written notification from me (employee) of its termination.

Print Employee Name: _____

Employee Signature: _____ Date: _____

Please return this completed form to Payroll