

JACKSON COUNTY

DIRECT DEPOSIT AUTHORIZATION

Employee Name _____

PRIMARY ACCOUNT INFORMATION

Financial Institution

Branch

City

State

Dollar amt. or % to this acct.

Checking

Savings

Account Number

Attach a voided check or deposit slip

Bank Routing number (9 digits)

Secondary Account Information (Optional)

Financial Institution

Branch

City

State

Dollar amt. or % to this acct.

Checking

Savings

Account Number

Attach a voided check or deposit slip

Bank Routing number (9 digits)

Financial Institution

Branch

City

State

Dollar amt. or % to this acct.

Checking

Savings

Account Number

Attach a voided check or deposit slip

Bank Routing number (9 digits)

Financial Institution

Branch

City

State

Dollar amt. or % to this acct.

Checking

Savings

Account Number

Attach a voided check or deposit slip

Bank Routing number (9 digits)

I authorize my employer, Jackson County, and the financial institution(s) listed above to initiate electronic credit entries to the account(s) listed above.

Employee Signature

Date