

**DIRECT DEPOSIT AUTHORIZATION FORM**

This authorization gives Schuylkill County and your financial institution authority to deposit your pay directly into a primary account and a designated amount into an additional account.

**Section 1. Primary Account**

1. Indicate the type of account and complete the required information.
2. If the deposit is going to a checking account, please attach a copy of a check that contains the account number. If the deposit is going into a savings account, please attach a deposit slip that contains the account number.

**Section 2. Secondary Account**

1. Indicate the type of account and complete the required information. **BE SURE TO INCLUDE THE AMOUNT.**
2. If the deposit is going to a checking account, please attach a copy of a check that contains the account number. If the deposit is going into a savings account, please attach a deposit slip that contains the account number.

**Section 1.**

I AUTHORIZE THE COUNTY OF SCHUYLKILL AND THE FINANCIAL INSTITUTION INDICATED TO DEPOSIT MY PAY DIRECTLY TO ( ) CHECKING ACCOUNT / ( ) SAVINGS ACCOUNT. THIS WILL REMAIN IN EFFECT UNTIL CANCELLED BY ME.

NAME:	DEPT:
BANK:	
ACCOUNT #:	ROUTING #:
EMPLOYEE SIGNATURE:	DATE:

**Section 2.**

I AUTHORIZE THE COUNTY OF SCHUYLKILL AND THE FINANCIAL INSTITUTION INDICATED TO DEPOSIT \$\_\_\_\_\_ DIRECTLY TO MY ( ) CHECKING ACCOUNT / ( ) SAVINGS ACCOUNT. THIS WILL REMAIN IN EFFECT UNTIL CANCELLED BY ME.

NAME:	DEPT:
BANK:	
ACCOUNT #:	ROUTING #:
EMPLOYEE SIGNATURE:	DATE:

---

**CANCELLATION OF DIRECT DEPOSIT AUTHORIZATION**

I HEREBY CANCEL THE AUTHORIZATION OF DIRECT DEPOSIT SHOWN IN ( ) SECTION 1 / ( ) SECTION 2 OF THIS FORM EFFECTIVE THE PAY PERIOD ENDING \_\_\_\_\_.

DATE:
EMPLOYEE SIGNATURE: