



WALTON COUNTY EMPLOYEE DIRECT DEPOSIT

AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDITS (ACH CREDITS)

COMPANY NAME: WALTON COUNTY BOARD OF COMMISSIONERS
COMPANY TAX ID: 58-6000902

I (we) hereby authorize Walton County Board of Commissioners, hereinafter called COMPANY, to initiate credit entries and initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository Name

City

State

Zip

Transit/ABA #

Account #

(CIRCLE ONE) **CHECKING ACCOUNT: YES** ~OR~ **SAVINGS ACCOUNT: YES**

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name (or names)

Date

Signature #1

Signature #2 (If applicable)

Employee Phone Number

Bank Phone Number

VOIDED CHECK AND/OR SAVINGS SLIP ATTACHED (REQUIRED) _____

WARNING: If you close your account before you stop direct deposit, NO REPLACEMENT CHECK WILL BE ISSUED until the money is returned by your bank to Walton County's bank account. This may take several days. You must stop your direct deposit first, before closing your bank account!!!

After today, you will continue to receive a regular paycheck for the next two pay periods; on the third pay period, you will get a non-negotiable stub and the money will be deposited directly into your bank account on **Thursday** morning. This will continue until you give **written notice to Payroll/Finance Department to stop**. **Payroll/Finance Department must receive your written notice no later than 10 days before the next pay period to stop your direct deposit.**

I (we) understand the warning above as well as when my bank account will reflect the direct deposit. I (we) agree to give written notice to payroll/finance department to stop my direct deposit before I (either of us) close this account. **(BOTH PARTNERS MUST SIGN IF JOINT BANK ACCOUNT):**

Signature

Date

Signature

Date



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Signature

Date

Signature

Date

You also may split your direct deposit between two bank accounts. If you do, you must complete a separate agreement for **each** account. You are also limited to one change within a six-month period to either account. Closing an account is a change.

1st Account %	Account #	Bank
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2nd Account %	Account #	Bank
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TOTAL 100%

MUST TOTAL 100%

If you have only one account, 100% will be directly deposited to it.

CONFIRMATION

TO BE COMPLETED BY PAYROLL/FINANCE DEPT.: You will receive a copy of this form after it is entered into payroll. Your first direct deposit will be on _____.

Only call 770-266-1731 if your bank *does not show* a “pending” deposit on that morning or afternoon, or if your direct deposit *did not post* to your account on that date when you check your next bank statement after that date.