

Direct Deposit Authorization Agreement

Company Name: Yuma County

Company ID Number: 86-6000567

SECTION I: EMPLOYEE INFORMATION

FIRST NAME & MIDDLE INITIAL	LAST NAME
EMPLOYEE ID NUMBER	TELEPHONE
EMAIL ADDRESS (YUMA COUNTY EMPLOYEE EMAIL ADDRESS WILL BE USED AS DEFAULT IF NO OTHER IS PROVIDED)	

SECTION II: ACCOUNT INFORMATION

CHECK ONLY ONE: NEW ACCOUNT CHANGE ACCOUNT CANCEL ACCOUNT

PRIMARY BANK ACCOUNT (Also for use by Accounts Payable for travel and reimbursements)

BANK NAME	BRANCH	ROUTING NUMBER	ACCOUNT NUMBER
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NET (100%) CHECKING SAVINGS

SECONDARY BANK ACCOUNTS

BANK NAME	BRANCH	ROUTING NUMBER	ACCOUNT NUMBER
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DEPOSIT AMOUNT: _____ CHECKING SAVINGS

BANK NAME	BRANCH	ROUTING NUMBER	ACCOUNT NUMBER
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DEPOSIT AMOUNT: _____ CHECKING SAVINGS

SECTION III: PROCEDURES

PRIMARY BANK ACCOUNT: Accounts Payable will deposit 100% of the amount owed to an employee to the **PRIMARY** bank account indicated above.

ADDITIONAL SECONDARY ACCOUNTS: For additional accounts please complete a new Direct Deposit Authorization Agreement form.

****FOR ALL NEW DIRECT DEPOSIT ACCOUNTS PLEASE ATTACH A COPY OF A VOID CHECK OR BANK VERIFICATION OF YOUR ACCOUNT NUMBERS****

SECTION IV: AUTHORIZATION AGREEMENT

I hereby authorize YUMA COUNTY to initiate credit entries, debit entries and adjustments, if necessary, for any entries in error, to my checking or savings account at the BANK named above, and to credit and/or debit the same to such account. This authorization is to remain in full force and effect until YUMA COUNTY has received written notification from me of its termination in such time and manner as to afford YUMA COUNTY and BANK a reasonable opportunity to act on it.

I also understand that if I have directed use of my personal email address for receipt of my electronic statements, YUMA COUNTY is not responsible for delivery to my email account after it leaves the County server.

My signature below certifies that I have read, understand, and agree to the terms above.

SIGN AND DATE HERE TO ACCEPT THE TERMS AND CONDITIONS OF THIS FORM	SIGNATURE	DATE
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