

Audit Direct Deposit Authorization  
Jefferson County

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

County Department \_\_\_\_\_

I authorize a direct deposit of my audit checks

into my account at \_\_\_\_\_ Bank.

My account number is \_\_\_\_\_ Routing # \_\_\_\_\_

Checking     Savings  
(Please check one)

You will receive an email with the detail of the invoice(s) being paid.

Email Address: \_\_\_\_\_

(This would normally be your County email address but it can be sent to an alternate)

Signature \_\_\_\_\_ Date \_\_\_\_\_