



Jefferson County Direct Deposit Enrollment / Change Form

Employee Name: _____ Employee Department: _____

Retain a copy of this form for your records. Return the original to your employer.

COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY

Type of Account	Routing/Transit Number	Checking/Savings Account Number*	Financial Institution ("Bank") Name	I wish to deposit (check one):
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$_____.00 <input type="checkbox"/> Remainder of Net Pay
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$_____.00 <input type="checkbox"/> Remainder of Net Pay

One of the following is required in order to process this enrollment (check one):

- Voided check with name imprinted (no starter checks)
- Pre-Printed Deposit slip
- No documentation provided. Please process a pre-note to verify account information, I understand that this this will cause a one payroll delay.

** Direct deposit advice will be emailed to your county email address unless otherwise specified:

_____ (email address)

COMPLETE IF CHANGING EXISTING DEPOSIT AMOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY

Routing/Transit Number	Checking/Savings Account Number*	Financial Institution ("Bank") Name	Change My Deposit Amount to:
			<input type="checkbox"/> From _____% to_____% of Net <input type="checkbox"/> From \$ _____.00 To \$_____.00 <input type="checkbox"/> Remainder of Net Pay
			<input type="checkbox"/> From _____% to_____% of Net <input type="checkbox"/> From \$ _____.00 To \$_____.00 <input type="checkbox"/> Remainder of Net Pay

EMPLOYEE CONFIRMATION STATEMENT

PLEASE SIGN IN BLACK/BLUE INK ONLY

I authorize my employer to deposit my wages/salary into the bank accounts specified above. I agree that direct deposit transactions I authorize comply with all applicable law. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account.

Employee Signature _____ Date _____

Note: Digital or Electronic Signatures are NOT acceptable.