

AUTHORIZATION FORM FOR DIRECT DEPOSIT

Rev. 8/15/2023

Name: _____

Payroll Check: Please fill out the information below to have your payroll checks direct deposited into your bank account.

Expense Reimbursements: Expense reimbursements will also be direct deposited into your Primary Account. Employee expense reimbursements are processed through Accounts Payable.

I hereby authorize Scott County to deposit my payroll checks and expense reimbursements directly into my checking or savings account(s) as indicated below. I also authorize my financial institution to accept my deposits and to credit the amounts to my account(s). This authority will remain in effect until Scott County Employee Relations has received written cancellation notice from me in such time and such manner as to afford Scott County a reasonable opportunity to process the change.

Signature _____

Date _____

If you are using a checking account, attach a voided check (or copy of a check) to this form. If you are using a savings account, attach a voided deposit slip to this form (if one is available). For savings accounts, please verify the federal routing number with your bank (it is not always the same number shown on the deposit slip).

Indicate one account as the Primary Account where 100% of your payroll check or 100% of the remaining amount of your payroll check will be deposited after flat amounts or percents are deposited to the Secondary Account(s).

Checking or Savings (Check One)	9 Digit Federal Routing # <small>The first 9 digits on lower left corner of the check. If it is a savings account, ask your bank for the routing number.</small>	Bank Account # <small>Remaining digits after the routing number</small>	Flat Amount or Percentage To Be Deposited
Primary Account			
<input type="checkbox"/> C <input type="checkbox"/> S			100%
Secondary Account(s)			
<input type="checkbox"/> C <input type="checkbox"/> S			\$ or %
<input type="checkbox"/> C <input type="checkbox"/> S			\$ or %
<input type="checkbox"/> C <input type="checkbox"/> S			\$ or %
<input type="checkbox"/> C <input type="checkbox"/> S			\$ or %

If you have any questions regarding direct deposit of your payroll check, please contact Lisa Fettig (Ext 8106) or Sherri Dandurand (Ext 8789). If you have questions regarding your direct deposit of your expense reimbursement, please contact Accounts Payable Ext 8188 or acpayable@co.scott.mn.us

Return this form to Scott County Employee Relations

Office Use Only

AP10 Updated _____

Direct Deposit Payroll Start Date _____

Entered _____ By _____