



BURNET COUNTY

Direct Deposit Enrollment/Change Form Request for (check only one)

Initial Request Change Cancellation

Personal Data

Employee Name: _____

Address: _____

City: _____ Zip Code: _____

Is this a change of address? Yes No

Financial Institution Data

Primary Financial Institution Name: _____

Routing Number: _____ Account Number: _____

Type of Account: Checking Savings Full Deposit Partial Deposit
(Check "Full Deposit" if only one account)

Secondary Financial Institution Name: _____

Routing Number: _____ Account Number: _____

Type of Account: Checking Savings If less than 100% of your net pay is to be deposited to the
Primary Institution above, please note the amount or percent to be deposited: \$ _____ or _____%.

I authorize Burnet County to deposit by electronic transfer payments owed to me. I agree to repay any funds deposited electronically in error. Burnet County shall deposit the payments in the financial institution(s) and account(s) designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically. I consent to and agree to comply with the National Clearing House Association Rules and Regulations and any Burnet County policy in effect on the date of my signature on this form. This authorization will remain in effect until I give written notice of change or cancellation.

Employee Signature

Date

Attach copy of voided check if available.

YOUR NAME 678 Main Street Anywhere, MI 12345		DATE _____	123
PAY TO THE ORDER OF _____		\$ _____	
		_____ DOLLARS	
Routing Number	Account Number	Check Number	