

CARROLL COUNTY AUDITOR

Direct Deposit Email Address for Pay Stub

Employee Information

Name: _____ Dept: _____
Address: _____ Phone #: _____

Authorization Agreement

I hereby authorize **Carroll County Auditor** to send an emailed copy of my pay stub to the email address listed below.

Further, I agree not to hold **Carroll County Auditor** responsible for any delay due to incorrect or incomplete information supplied by me or due to an error on the part of the Auditor's office with incorrect emails entered.

This agreement will remain in effect until **Carroll County Auditor** receives a written notice of cancellation from myself, or until I submit a new direct deposit email to the Payroll Department.

EMAIL ADDRESS FOR PAY STUB

EMAIL ADDRESS

Signature

Authorized Signature _____ Date: _____

Updated 11/10/2021