

## CARROLL COUNTY DIRECT DEPOSIT AUTHORIZATION

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Employee Name \_\_\_\_\_

Paystub Email Address \_\_\_\_\_

**REQUIRED: A letter or direct deposit form OR a voided check from your financial institution verifying the account information must be attached.**

### ACCOUNT INFO

Checking or  Savings

Financial Institution Name \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_

Your Account Number \_\_\_\_\_

I hereby authorize Carroll County to initiate entries and any adjustments, if necessary, to my account(s) at the named financial institution(s). I authorize the Carroll County Auditor to send an emailed copy of my pay stub to the email address listed above. 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 authority is to remain in effect until Carroll County's Payroll Office has received Written Notification from the undersigned of its termination and will be effective with the next payroll after receipt of this form. Please note that we are not responsible for Routing and Account Numbers that cannot be verified or are incorrect.

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