



Clallam County Direct Deposit Authorization

1 PERSONAL INFORMATION (PLEASE PRINT)

Employee Name:

2 BANK & ACCOUNT INFORMATION

My Bank is:

Account Type:

Checking

Savings

Bank Routing No.:

Account No.:

Complete and sign this form; If direct deposit is going into your **checking** account, attach a voided check to this form to confirm your bank's routing and account numbers. If using a **savings** account, attach formal documentation from the bank that confirms your bank routing and account numbers.

Submit this completed form including the voided check or savings account verification slip to:

**CLALLAM COUNTY
HUMAN RESOURCES
223 E. 4TH ST., STE. 16
PORT ANGELES, WA 98362**

ATTN: DONNA MATYSKIELA

VOICE: 360.417.2219
EMAIL: payroll@co.clallam.wa.us
FAX: 360.417.2550

IMPORTANT!! Attach Here **Your Voided Check or Formal Savings Account** **Verification Slip**

If checking account, write "**VOID**" in ink across the front of the check. Staple the **VOIDED** check or formal savings account verification that includes bank routing number and account number to the form in this space.

NOTE: If this is a new checking account, you may need to wait until your checks arrive before submitting this form.

3 DEPOSIT INFORMATION

EFFECTIVE:

Immediately

Beginning On:

AMOUNT:

Entire Net Pay

% Of Net Pay

Specific Amt.: .00

4 AUTHORIZATION

I authorize Clallam County to initiate credit entries and, if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries for Direct Deposit of above payroll amount to my above account on a recurring basis until I notify you in writing that I revoke this authorization.

X

Date: