

THIS FORM UPDATES THE BANK ACCOUNT USED FOR YOUR PAYROLL DEPOSIT.

Please contact Accounts Payable at # 533-2100 if you wish to change your direct deposit for reimbursements.

Lee County – Clerk of Courts, Florida
Payroll Office

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize the *PAYROLL OFFICE* to deposit my pay into the Depository Bank and account number listed below. I also authorize the *PAYROLL OFFICE* to deduct any bank charges incurred due to my failure to notify them of changes made in the status of my account. (i.e., changing banks or account numbers, closing the account) If an error occurs and the amount deposited into my account is incorrect, the *PAYROLL OFFICE* will notify me and will make every effort to correct the shortage/overage as soon as possible.

(Please print all information except signature)

DEPOSITORY BANK NAME: _____

CITY: _____ STATE: _____ ZIP: _____

BANK TRANSIT NO.: _____ ACCT. NO.: _____

CHECKING or SAVINGS

This authority is to remain in effect until the *PAYROLL OFFICE* has received written notification from me to terminate this agreement. Written notice shall be submitted to the *PAYROLL OFFICE* in a timely manner as to allow a reasonable time to act on it.

DIVISION/DEPARTMENT: _____

NAME: _____ SOC. SEC. NO.: _____

SIGNATURE: _____ DATE: _____

NOTE: Attach a **VOIDED BLANK CHECK** (for checking account) or **SAVINGS ACCOUNT DEPOSIT SLIP** (for savings account) to validate account information.

**ATTACH VOIDED BLANK CHECK
OR DEPOSIT SLIP HERE**

1 2 6 8 0 0 0 8 4 8 | 0 8 0 2 0 0 8 2 1 7 0 | 0 8 1 1 1

¹ | Bank Transit No. | Account No. | Check No. |

¹ REVISED 01/14