

**Scioto County**  
**Direct Deposit Authorization Form**

*For Office Use Only*  
Pre-Note: \_\_\_\_\_  
Active: \_\_\_\_\_

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

Department: \_\_\_\_\_

Type of Change:       New Authorization       Change of Information

Email Address for Direct Deposit Pay Stub: \_\_\_\_\_

Primary Account for Deposit of Net Pay (*Required*):

Bank Name: \_\_\_\_\_  Checking  Savings

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Secondary Accounts (*Optional*):

Account #1:                      Deposit Amount Per Pay \$ \_\_\_\_\_

Bank Name: \_\_\_\_\_  Checking  Savings

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account #2:                      Deposit Amount Per Pay \$ \_\_\_\_\_

Bank Name: \_\_\_\_\_  Checking  Savings

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

I hereby authorize the Scioto County Auditor's Office to deposit my payroll compensation into the above account(s) each pay period. This authorization will remain in effect until the Payroll Department receives a revised authorization. I further authorize the Payroll Department to initiate a full or partial reversal, as appropriate, in the case of an overpayment error.

I agree to assume any fees incurred as a result of providing incorrect banking information or closing an account without advance notification to the Payroll Department.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*Attach copy of personal check or other documentation of routing and account numbers here*