

Jefferson County Direct Deposit

- Payroll Deduction Form -

I, _____ hereby authorize the Jefferson County Auditor's Office to direct deposit my payroll check into the following bank account/s. I also understand that if the deposited amount is incorrect, I will notify the Auditor's Office immediately. If the incorrect amount is greater than what it should have been, I am responsible for repayment to Jefferson County within 30 days of the issue date.

(Bank Name & Type of Account)

(Routing Number & Account Number)

(Amount To Deposit)

(Bank Name & Type of Account)

(Routing Number & Account Number)

(Amount To Deposit)

(Bank Name & Type of Account)

(Routing Number & Account Number)

(Amount To Deposit)

(Employee Signature)

(Date)