



DIRECT DEPOSIT AUTHORIZATION

FULL NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_
DEPARTMENT: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

ALL DIRECT DEPOSIT ADVICES ARE TO BE SENT TO THE FOLLOWING EMAIL ADDRESS:

(Personal or Work email address): \_\_\_\_\_

Please process the change(s) below:

- Set up new direct deposit with information provided below.
Cancel current direct deposit AND set up new direct deposit with information provided below.
Change distribution percentage for current accounts.

NOTE: Please verify the type of account, bank transmit #, and account # with your bank before submitting this form. A copy of a check or savings account's deposit slip should be attached and all information must be completed in full before your request can be processed.

AUTHORIZATION AGREEMENT

I hereby authorize Fluvanna County, Virginia to initiate credit entries to my account and the financial institution named below. I also authorize Fluvanna County, Virginia to draw drafts on my account or to initiate debt entries to my account, for the purpose of withdrawing money from my account, but solely in order to adjust an error resulting from a deposit or credit entry that has been made under his Authorization in an amount that is not correct. The financial institution shall not be liable for honoring any draft, debit entry, or withdrawal initiated by Fluvanna County, Virginia.

% or amount to be deposited

Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Account: [ ] Checking [ ] Savings
Bank Transit / ABA # \_\_\_\_\_
Account #: \_\_\_\_\_

% or amount to be deposited

Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Account: [ ] Checking [ ] Savings
Bank Transit / ABA # \_\_\_\_\_
Account #: \_\_\_\_\_

% or amount to be deposited

Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Account: [ ] Checking [ ] Savings
Bank Transit / ABA # \_\_\_\_\_
Account #: \_\_\_\_\_

This authority is to remain in effect until the Fluvanna County, Virginia has recovered written notification from me of its termination in such time and in such a manner as to afford the Fluvanna County, Virginia a reasonable opportunity to act on it.

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