

## DIRECT DEPOSIT AUTHORIZATION FORM

I (we) hereby authorize CATOOSA COUNTY (THE COMPANY) to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
Name – PLEASE PRINT

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address – PLEASE PRINT

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

### Account Information

Name of Financial Institution: \_\_\_\_\_

Location of Financial Institution: \_\_\_\_\_

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

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

Checking

Savings

Please attach document showing account number and routing number  
(Example - check)

### Signature

Deposit full net amount per pay period.

Deposit \$ \_\_\_\_\_ Fixed Amount per pay period.

Cancel Direct Deposit to account listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date