

Crittenden County Fiscal Court
Employee Authorization Form for Direct Deposit

Employee Name: _____

Date of Birth: _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

DEPOSITORY BANK INFORMATION:

Type of Account: Checking Savings

BANK NAME _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____

ACCOUNT NO. _____

**Attach a voided check for account indicated above.*

I (we) hereby authorize **CRITTENDEN COUNTY FISCAL COURT**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) accounts as indicated above and the depository named above, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

This authority is to remain in full force and effect until **CRITTENDEN COUNTY FISCAL COURT** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **CRITTENDEN COUNTY FISCAL COURT** and DEPOSITORY a reasonable opportunity to act on it.

Employee Signature

Date