

Howard County Government



Personnel Office
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DIRECT DEPOSIT AUTHORIZATION FORM

I authorize Howard County Government to initiate credit entries and the financial institution(s) named below to credit the same entries to my account. The actual deposit to my account(s) occurs on the first pay date after two successful pre-note receipt of the authorization. I understand that my financial institution may also require specific forms be completed and I assume responsibility to ensure those forms are completed and returned to the proper authority.

A VOIDED CHECK OR DEPOSIT SLIP IS REQUIRED FOR ALL ACCOUNTS

It is the responsibility of the employee to stop their direct deposit before their account is closed. It can take up to two weeks to get a replacement check. **All stops have to be in writing.**

Print Name: _____ Department: _____

Social Security Number: _____

Check One:	New Enrollment	Check One:	Checking
<u>Primary Account</u>	Change Current Enrollment		Savings
	Cancellation		

Amount to be deposited _____ Net _____ Other _____

Bank Name: _____

Account Number: _____ Routing Number: _____

Check One:	New Enrollment	Check One:	Checking
<u>Second Account</u>	Change Current Enrollment		Savings
	Cancellation		

Amount to be deposited _____ Net _____ Other _____

Bank Name: _____

Account Number: _____ Routing Number: _____

Employee Signature _____ Employee Number _____

Date _____ Payroll Representative _____ Date _____