



Baldwin County Commission Direct Deposit Authorization Form

The following amounts will be deducted from your paycheck **each pay period**:

Description	Amount or Net
Financial Institution: _____ Account Number: _____ Routing Number: _____ Type of Account: <u> </u> Please circle: <u> </u> Checking <u> </u> or <u> </u> Savings	NET

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Financial Institution: _____ Account Number: _____ Routing Number: _____ Type of Account: <u> </u> Please circle: <u> </u> Checking <u> </u> or <u> </u> Savings	_____

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I hereby authorize the Baldwin County Commission to deduct from my paycheck the noted amounts **EACH PAY PERIOD** and to initiate adjustments if necessary for any entries made in error. Any changes must be in writing on the Direct Deposit Authorization Form. **I understand that all changes must be submitted the Friday before a payroll week in order to be effective the following payroll. It is my responsibility to notify the Payroll technician if I close or make changes to any account on file.**

Printed Name _____ Employee Number _____

Signature _____ Date _____

Note: Incomplete or unacceptable information will delay the start of your direct deposit(s).
*** Please attach a voided check or copy of a check for each account.***