

DIRECT DEPOSIT AUTHORIZATION

I AUTHORIZE THE JASPER COUNTY AUDITOR'S OFFICE TO:

A. MAKE A FULL DIRECT DEPOSIT OF MY CHECK EVERY PAY PERIOD.

OR

B. DISCONTINUE DIRECT DEPOSIT.

I UNDERSTAND THAT:

I MUST CONTACT MY BANK ABOUT DISBURSING MY CHECK AFTER IT IS DEPOSITED  
AND THE BANK DOES NOT GUARANTEE DEPOSIT BEFORE FRIDAY.

BANK NAME: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT TYPE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRENOTE SENT TO BANK \_\_\_\_\_  
FIRST DEDUCTION ON \_\_\_\_\_