

**DEKALB COUNTY GOVERNMENT
AUTHORIZATION FOR DIRECT DEPOSIT**

I authorize DeKalb County to automatically make the below listed deposit on my behalf. I also authorize the withdrawal of any funds deposited into my account in error.

_____ **START**
_____ **CHANGE**
_____ **STOP**

1. Check only one box.
2. Automatic deposit will take effect the payday of the first full pay period following sign-up.
3. Please attach a photocopy of a check or a savings deposit slip from the account into which you wish to direct deposit.

Name: _____

Direct Deposit #1

Name of Bank: _____

Checking Account **OR** Savings Account

Account Number: _____

Net Check Amount **OR** Specific Dollar Amount \$ _____

Direct Deposit #2

Name of Bank: _____

Checking Account **OR** Savings Account

Account Number: _____

Net Check Amount **OR** Specific Dollar Amount \$ _____

Direct Deposit #3

Name of Bank: _____

Checking Account **OR** Savings Account

Account Number: _____

Net Check Amount **OR** Specific Dollar Amount \$ _____

Date _____ **Signature** _____