



NEWTON COUNTY BOARD OF COMMISSIONERS

Payroll Office
1124 Clark Street • Covington, Georgia 30014
Tel: (678) 625-1213 • Fax: (678) 625-1222



DIRECT DEPOSIT AUTHORIZATION FORM

This form must be completed and returned to Payroll.

Employee Information

Employee Name:		Department:
Employee Number:	Phone Num.	

Payroll Primary Account (Net Pay)

Financial Institution:	<input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> Cancel
Routing Number:	Account Number:
<input type="checkbox"/> Checking **MUST ATTACH A VOIDED CHECK OR AUTHORIZATION FORM**	
<input type="checkbox"/> Savings **MUST ATTACH AUTHORIZATION FROM FINANCIAL INSTITUTION**	

Payroll Secondary Account (Fixed Dollar Amount: \$ _____)

Financial Institution:	<input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> Cancel
Routing Number:	Account Number:
<input type="checkbox"/> Checking **MUST ATTACH A VOIDED CHECK OR AUTHORIZATION FORM**	
<input type="checkbox"/> Savings **MUST ATTACH AUTHORIZATION FROM FINANCIAL INSTITUTION**	

****In order to process your direct deposit, all required information MUST be attached. If you have more than one secondary account, an additional form will need to be completed and signed.****

What to Expect with Direct Deposit:

With Direct Deposit, your payment will be credited to your account automatically. You will receive your regular earnings statement listing your gross pay, deductions and net pay. This authorization is to remain in effect until withdrawn by you, in writing, with sufficient notice to the County to allow adequate time for termination. Enrollment and changes take approximately two pay periods to become effective. **Final pay checks will be issued in the form of a manual check.**

Terms and Conditions:

I hereby authorize and request the Board of County Commissioners to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account at the financial institution named. By signing this document, I agree with the Terms and Conditions.

Employee Signature:	Date:
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