

# PERSON COUNTY DIRECT DEPOSIT APPLICATION

(Please Type or Print Legibly)

EMPLOYEE NAME: \_\_\_\_\_ DEPT. \_\_\_\_\_

EMPLOYEE SOCIAL SECURITY #: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

*(Last four digits only)*

## **BOX 1**      **DIRECT DEPOSIT OF NET PAY**

CHECKING    or     SAVINGS (*Choose 1*)

New     Change

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

Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

**NOTE:** *When changing net pay, the old net pay direct deposit will automatically be cancelled.*

## **BOX 2**      **DIRECT DEPOSIT DEDUCTION(S)**

CHECKING    or     SAVINGS (*Choose 1*)

New       Change       Cancel       \$ Amount Change Only

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

Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Deduction Amount: \$ \_\_\_\_\_

**NOTE:** *You may have up to three additional deductions.*

## **BOX 3**      **DIRECT DEPOSIT DEDUCTION(S)**

CHECKING    or     SAVINGS (*Choose 1*)

New       Change       Cancel       \$ Amount Change Only

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

Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Deduction Amount: \$ \_\_\_\_\_

**NOTE:** *You may have up to three additional deductions.*

