Direct Deposit Sign-up/Authorization Form

- Complete this form with your name, social security number, work address and phone, and the name and location of your financial institution
- Indicate whether pay is to be deposited to a checking or savings account. If to your checking account, attach a check to the form. Print "VOID" across the front of the check. For savings, please obtain the correct transit routing and account number from your financial institution. They will contact you if they have questions.

I hereby authorized GLENN COUNTY to initiate deposits to my account (select one);		Name of Your Bank, Savings and Loan, or Credit Union
☐ Checking Account ☐	Savings Account	Financial Institution's City and State Location
This authority is to remain in force until I revoke it by giving written notice to my employer or upon termination of my employment.		SAVINGS ACCOUNT INFORMATION
Your Signature	Date	Transit Routing Number
Printed Name	Social Security Number	Account Number
Your Work Address	Work Phone # and Extension	\$Amount

Note: Direct Deposit to your account will occur the second pay period following receipt of this authorization by the Department of Finance.