

**DIRECT DEPOSIT
AUTHORIZATION FORM**

Emp # _____

(Finance use only)

I (we) hereby authorize Teller County to initiate credit entries and if necessary, upon my notification, initiate debit entries and adjustments for any credit entry in error to my (our) account(s) indicated below and Vectra Bank, to credit and/or debit the same to such account(s). This authority is to remain in full force and effect until Teller County has receive written notification from me (or either of us) of its termination in such time and in such manner as to afford Teller County and Vectra Bank reasonable opportunity to act on it.

Date _____ Name (Print) _____

Employee Social Security Number _____ (Confidential)

CHECK ONE:

New employee

ADD-Deposit my pay to the account(s) shown below.*

I am currently participating in the Direct Deposit Program

CHANGE-Change financial institution, deduction amount, and/or account number(s) as shown below:*

**LIST ALL ACCOUNTS AND PERTINENT INFO YOU WISH YOUR DIRECT DEPOSIT TO BE
DESTRIBUTED INTO, EVEN IF YOU HAVE NO CHANGES TO AN EXISTING ACCOUNT.**

Financial Institution _____

Account # _____ All Partial \$ _____ Balance Checking or Savings

Routing # _____ Pay periods (circle one): **ALL 15th 30th**

Financial Institution _____

Account # _____ All Partial \$ _____ Balance Checking or Savings

Routing # _____ Pay periods (circle one): **ALL 15th 30th**

Financial Institution _____

Account # _____ All Partial \$ _____ Balance Checking or Savings

Routing # _____ Pay periods (circle one): **ALL 15th 30th**

Signature _____ (Signature must be a person who is authorized on this account)

*Due to the time required for Teller County and Vectra Bank processing, allow two pay periods for processing. **You will receive a regular paycheck (or continue deposit into old account) until this change is processed.**

**TAPE YOUR VOIDED CHECK HERE
IF MORE THAN ONE ACCOUNT TAPE OTHERS ON BACK**

Finance Office Use: Setup 15 _____ 30 _____ PPE 15TH _____ PPE 30TH _____