

DIRECT DEPOSIT
AUTHORIZATION FORM

Emp No. _____
(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 Park State 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 received written notification from me (or either of us) of its termination in such time and in such manner as to afford Teller County and Park State Bank a reasonable opportunity to act on it.

Date _____ **Name (Print)** _____
Employee Soc Sec 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 institutions, deduction amounts, and/or account number(s) as shown below:*
LIST ALL ACCOUNTS (& PERTINENT INFO) YOU WISH YOUR DIRECT DEPOSIT TO BE DISTRIBUTED 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**

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Account # _____ []All []Partial \$ _____ []Balance []Checking or []Savings
Routing # _____ **Pay Periods** (circle one): **All 15th 30th**

Signature _____

*Due to the time required for Teller County and Park State 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 OR DEPOSIT SLIP HERE

IF MORE THAN ONE ACCOUNT TAPE OTHERS ON BACK

FINANCE OFFICE USE: Prenote sent _____ PPE 15th ____ PPE 30th ____
Setup 15 ____ 30 ____