



Niagara County Treasurer's Office
59 Park Avenue
Lockport, New York 14094

DIRECT DEPOSIT AUTHORIZATION FORM

Niagara County allows employees to direct deposit their net wages into a maximum of two bank accounts.

I hereby consent to and authorize Niagara County to deposit my net wages in the account in my name, at the bank(s) indicated below, and authorize said bank(s) to credit such amounts to my account(s):

ACCOUNT #1:

INDICATE TYPE OF ACCOUNT (CHECK ONE):			CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	AMOUNT OF DEPOSIT \$ _____
NAME OF BANK OR SAVINGS ASSOCIATION	ACCOUNT NUMBER	TRANS/ABA#			
BRANCH	CITY/STATE/ZIP				

ACCOUNT #2

INDICATE TYPE OF ACCOUNT (CHECK ONE):			CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	AMOUNT OF DEPOSIT \$ _____
NAME OF BANK OR SAVINGS ASSOCIATION	ACCOUNT NUMBER	TRANS/ABA#			
BRANCH	CITY/STATE/ZIP				

EMPLOYEE EXPENSE REIMBURSEMENTS

Should you expect to receive reimbursement of employee expenses, please select your preferred bank account listed above for the County to direct deposit your employee expense reimbursements, otherwise the default account will be Account #1.

ACCOUNT #1 ACCOUNT #2

Employee expense reimbursements will be direct deposited for any employee enrolled in direct deposit. Provide an email address (county, state or personal) in order to receive confirmation for any and all expense reimbursement payments.

EMAIL ADDRESS _____

Niagara County shall be authorized to make withdrawals on this account to adjust for any overage only after written notice is provided to the employee of such overage. This authorization remains in effect for the duration of my employment, or until Niagara County wishes to discontinue the service, or has received a signed Termination Form. Termination Forms are available in the Payroll Office of the Niagara County Treasurer's Department or on the County Intranet. In the event of changes to my information, I understand that I must give advance notice to allow reasonable time for my instructions to be executed.

STAPLE YOUR VOIDED CHECK(S) OR SAVINGS BANK STATEMENT(S) FOR EACH ACCOUNT HERE

Affix a voided check (for checking accounts) or a bank statement (for savings accounts) showing employee name, account number and transit ABA routing number to this authorization. Send the original authorization agreement with documentation to Niagara County Payroll Department, 59 Park Avenue, Lockport, NY 14094. Please keep a copy for your records.

EMPLOYEE NAME (PLEASE PRINT)	SOCIAL SECURITY NUMBER	
EMPLOYEE SIGNATURE	DATE	EMPLOYEE #