

DIRECT DEPOSIT FORM

This is an authorization agreement for automatic deposits (ACH Credits).

Company/Employer Name SEVIER CO COURT HOUSE

I authorize the above name **Company/Employer** and the financial institution listed below to electronically deposit my net pay to the specified account each payday:

Checking Account Savings Account

Bank Name	Routing Number	Account Number

If monies to which I am not entitled are deposited to my account, I authorize my **Company/Employer** to direct the financial institution to return said funds.

This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing or upon termination of my employment with said **Company/Employer**.

PRINT Name	Social Security Number
Signature	Date

Indicate the amount you want deposited per pay period.

- Entire check amount
(100% every check)
- _____ % check
(for example, 50% every check)
- \$ _____ per check
(fixed dollar amount, such as \$350)

**Please Attach
Voided Check**

Return this completed form to your **Company/Employer**.