



**Human Resources**

**Direct Deposit Enrollment/Change Form**

Employee name (print name) \_\_\_\_\_

**Deadline for all payroll changes:**  
**Form due by 15<sup>th</sup> of month for effective date of 25<sup>th</sup> of the month**  
**Form due by 1<sup>st</sup> of the month for effective date of the 10<sup>th</sup> of the month**

Please assume you have a live paper check until you validate the direct deposit has successfully occurred.

**Complete to enroll bank accounts:**

I authorize Wasco County to initiate electronic credit entries each pay period, and if necessary debit entries and adjustments for any credit entries in error to my:

| Type of account   | Bank account number | Routing/Transit number | Bank Name | Deposit amount  |
|---|---------------------|------------------------|-----------|---|
| <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings |                     |                        |           | <input type="checkbox"/> 100 % net<br><input type="checkbox"/> \$ _____<br><input type="checkbox"/> Net remainder |
| <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings |                     |                        |           | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> Net remainder                                       |

**One of the following is required to process this direct deposit enrollment:**

- Voided check with name printed on check (no starter checks)
- Deposit slip (only accepted if the "ACH/RT" appears before the routing number)
- Bank letter (the signature of your local bank representative must be included)
- Direct Deposit Authorization form from bank.

**Employee confirmation statement:**

I authorize my employer to deposit my wage/salary into the bank account(s) specified above. I agree that the direct deposit transactions I authorize comply with all applicable laws. My signature below indicates that I am agreeing that I am either the account holder or have the authority of the account holder to authorize my employer to make direct deposits into the named account(s).

I hereby provide written permission to Wasco County to provide my pay stub, online, via the employee web portal. I understand that I will receive this electronic copy of my pay stub in place of the paper version. Receiving an electronic version of my pay stub will remain in effect until Wasco County receives written notice, from me, that I choose to resume receiving a paper version, moving forward.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing, remember above deadlines.

Employee (sign name) \_\_\_\_\_ Date: \_\_\_\_\_

Complete if changing existing deposit amounts or changing banks:



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| <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings |                     |                        |           | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> Net remainder                                       |

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**Employee direct deposit cancellation:**

I would like to cancel my direct deposit authorization. The undersigned hereby cancels the authorization previously submitted.

**Employee (sign name)** \_\_\_\_\_ **Date:** \_\_\_\_\_