

Direct Deposit Request Form

EMPLOYEE NAME: _____

I hereby authorize the office of the Fulton County, Illinois, Treasurer, initiate credit entries to my account(s), and in the event a credit is made to my account in error, I authorize the office of the Fulton County, Illinois, Treasurer to make a correcting entry under the condition that I am notified of said adjustment.

Bank Name: _____

Checking Savings

Banking Transit/ABA: _____ Acct No: _____

Existing Account *CANCEL DIRECT DEPOSIT

Signature Authorization to Begin or Change Payroll Direct Deposit

This authorization is to remain in full force and effect until the office of the Fulton County, Illinois, Treasurer has received written notification from me of its termination in such time and in such manner as to afford the office of the Fulton County, Illinois, Treasurer a reasonable opportunity to act on it, or I complete and sign a new Direct Deposit Request Form.

Signature

Date

Staple Check to Form

(Attach voided check here – New Requests Only)

Signature Authorization to Cancel Direct Deposit

*Requests to cancel direct deposit must include and account number, effective date and signature.

I request direct deposit to be cancelled for my Checking/Savings (Circle One) Account No. _____ effective immediately.

Signature

Date