



PORTAGE COUNTY AUDITOR

Matt Kelly

Administration Building
449 South Meridian Street
Ravenna, OH 44266

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL

PORTAGE COUNTY AUDITOR

I hereby authorize my employer (named above) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account listed below:

FINANCIAL INSTITUTION NAME _____

CITY & STATE _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

TYPE OF ACCOUNT (*check one*) CHECKING SAVINGS

**** Please submit a voided check, copy of bank statement, or letter from bank to verify account information**

****The initial direct deposit will be a pre-note and you will receive a live check****

The authority is to remain in full force until Employer has received written notification from me of its termination in such time manner as to afford Employer and Financial Institution a reasonable opportunity to act on it.

NAME (please print) _____

SIGNATURE _____

DATE _____

EMAIL ADVICE/PAY STUB TO: _____
(required)

PLEASE CHECK ONE:

New enrollment **

Change of: Banking Institution **

Change of: Account number **

Stop