

## **Direct Deposit Authorization Form**

I authorize Greene County to send credit entries, as well as appropriate adjustments and debit entries, to my accounts as indicated below.

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form. Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

Account #1		
Account Type:	Checking Savings	
Bank Name:		
Routing Number:	Account #	
I wish to deposit: \$	or Entire Paycheck	
Account #2		
Account Type: Check	ing Savings	
Bank Name:		
Routing Number:	Account #	
I wish to deposit: \$	or Entire Paycheck	
Account #3		
Account Type: Check	ing Savings	
Bank Name:		
Routing Number:	Account #	
I wish to deposit: \$	or Entire Paycheck	
Please atta	ich a voided check or form from bank for each ac	count.
Signature	Date	



## Printed Name