

Tompkins County AUTHORIZATION AGREEMENT FOR PAYROLL DIRECT DEPOSIT

Name: _____
(Please Print)

Employee No: _____

Phone Number _____

I hereby authorize the Tompkins County to:

_____ **Establish** payment of the net pay owing to me at the end of each pay period by making deposit to my account or accounts as specified below.

_____ **Change** the amount deposited to my existing account (fill in bank line below – no voided check necessary) or my direct deposit account(s) to the financial institution(s) named below. This authorization will supersede any previous authorization and will remain in effect until Tompkins County has received written notification of its termination or change.

_____ **Terminate** my Direct Deposit and cancel any previous direct deposit authorizations.

	Amount per pay period*	Type of Account C or S**	Financial Institution	Routing and Transit Number	Bank Account Number	Establish (E) Change (C) or Terminate (T) ***
Default Bank	NET					
1 st Secondary Bank						
2 nd Secondary Bank						
3 rd Secondary Bank						

*Enter fixed dollar amounts

**Specify "C" for Checking accounts and "S" for Savings.

***Enter "E" for Establish, "C" for Change or "T" for Terminate the Direct Deposit to this account

I understand that by authorizing direct deposit, I acknowledge that the funds may not be available in my account until the day after the physical paychecks are issued

Signature: _____ Date: _____

NOTE: VOIDED CHECKS OR SAVINGS ACCOUNT DEPOSIT SLIPS MUST BE ATTACHED TO THIS FORM.
(Please record number assigned above to each check if more than one account.).



Routing and Transit Number is located here. CCCU's Routing and Transit Number is 296075810

Your Checking account number is located here. In this example, it is 8100112344

For Payroll Use Only

Pay Period Ending Date: _____

Initials: _____

Please Return Completed form to Payroll by the Thursday before the Pay Period Ending Date you wish this Deposit to be effective