



CONFIDENTIAL

Direct Deposit Authorization

****Please include a Direct Deposit Authorization form from your bank or a Voided Check with this form****

Employee Name: _____

Social Security Number: _____

Account 1

Name of Bank or Financial Institution: _____

Account Number: _____ Routing Number: _____

Amount: \$ _____ or _____% Type of Account: Checking Savings

Account 2

Name of Bank or Financial Institution: _____

Account Number: _____ Routing Number: _____

Amount: \$ _____ or _____% Type of Account: Checking Savings

Account 3

Name of Bank or Financial Institution: _____

Account Number: _____ Routing Number: _____

Amount: \$ _____ or _____% Type of Account: Checking Savings

I hereby authorize Okaloosa County Board of County Commissioners to deposit any amounts owed me by initiating credit entries to my account at the financial institution indicated above. Further, I authorize my financial institution to accept and to credit any credit entries indicated by Okaloosa County to my account. In the event that Okaloosa County deposits funds erroneously into my account, I authorize Okaloosa County to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until I authorize by written notice of change.

Employee Signature: _____ Date: _____

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