

# DIRECT DEPOSIT

## SIGN-UP FORM or CANCELLATION FORM

To sign up for Direct Deposit, the payee (employee) is to read these instructions and fill in the information requested in **Sections 1 and 2**. **Return this completed form along with a "VOIDED CHECK" to the Superior Court Personnel office.** The information will be entered into the payroll system in the following pay period. There will be a two-week waiting period during which time the bank will verify the information. You will receive a regular paycheck, as you have in the past, during this verification period. After Direct Deposit is in effect, you will receive a pay advance form, which will list all of the same payroll information for each pay period as your former check stub listed. Your funds will be available for withdrawal on payday.

**(1) If you decide to cancel Direct Deposit, you must request the cancellation in writing. Submit a signed request form to Superior Court Personnel. Mark the BOX below with an X.**

Original sign up

Cancel my previous Direct Deposit

**(2) If you decide to change banks, you must fill out a new "Direct Deposit Sign-Up Form" along with a "VOIDED CHECK" and submit it to Superior Court Personnel office. Also, mark the box below to cancel your previous Direct Deposit. You will receive a regular paycheck for one pay period while your bank information is being verified.**

Cancel my previous Direct Deposit and replace it with the information on this form.

SECTION 1 (To Be Completed by the EMPLOYEE)

SECTION 2 (To Be Completed by the Employee or Bank)

Name of Employee:		Type of Depositor Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Employee Number	Department	Bank (Depository) Name	Branch Number
Employee's Address:		Bank Address:	
City	State	Zip Code	City
			State
			Zip Code

SECTION 3 (To be Completed by Bank or Human Resource)

Depositor Account Number

<input type="text"/>																			
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Bank Routing Number

Check Digit

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	--	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	--	<input type="text"/>
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I (WE) hereby authorize "Mohave County" to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) checking or savings account indicated above at the "Depository" named above, to credit and/or debit the same to such account. This Authorization is to remain in full force and effective until "Mohave County" has received written notification from me (or either of us) of its termination in such time and in such manner as to afford "Mohave County" and "Depository" a reasonable opportunity to act on it.

Signature

Date

Signature

Date