



# Flagler County Board of County Commissioners

## Employee Direct Deposit Authorization Agreement

I hereby authorize my employer, Flagler County Board of County Commissioners, (hereinafter BOCC) to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter Bank) indicated below. Further, I authorize bank to accept and to credit any credit entries indicated by BOCC to my account. In the event that BOCC deposits funds erroneously into my account, I authorize BOCC to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee information:

Name (please print): \_\_\_\_\_ Social Security #: \_\_\_\_\_

Begin deposit                       Change Information                       Cancel

Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Checking (attach void check)

I wish to deposit (check one)  \$ \_\_\_\_\_ .00     Entire net pay     Balance

Savings (attach deposit slip)

I wish to deposit (check one)  \$ \_\_\_\_\_ .00     Entire net pay     Balance

This authorization is to remain in full force and effect until BOCC and Bank have received written notice from me of its termination in such time and in such manner as to afford BOCC and Bank a reasonable opportunity to act on it.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_