Hall County
Payroll

Payroll Electronic Deposit Authorization Form

PART I — Employee Information

I authorize Hall County to deposit my pay to my checking or savings account(s) and, if there are any errors, to make the necessary corrections to my account.

(Check One) Deposit Action: *New:* ☐ *Change:* ☐ *Stop:* ☐

Full Name: _____

Employee Number: _____ *Social Security Number:* XXX - XX - _____

Department: _____

Work Phone: _____

Signature: _____

Date: _____

PART II — Employee Bank Information

Bank 1 Name: _____

Routing Number: _____

Account Number: _____

Account Type: *Checking:* ☐ *Savings:* ☐

Amt/Perc to be Deposited: $ _____ *or* _____ %

Bank 2 Name: _____

Routing Number: _____

Account Number: _____

Account Type: *Checking:* ☐ *Savings:* ☐

Amt/Perc to be Deposited: $ _____ *or* _____ %

PART III — Special Instructions

Return this form AND a ***VOIDED CHECK*** *or* ***DEPOSIT SLIP*** *for each bank account, to the Payroll Office*

Return To: Hall County Payroll
116 Spring Street, Gainesville, GA 30501
Fax: (770) 531-3964, bcroft@hallcounty.org

Revised: July 2014
Human Resources