



VERNON COUNTY GOVERNMENT

417-667-2500 ext 2121

Fax 417-667-6035



Employee Direct Deposit Authorization

Employee: Fill out and return to employer payroll department

This document must be signed by employee requesting automatic deposit of paychecks and retained on file by employer.

Account 1: Name of Financial Institution: _____

Account type Cchecking Savings

Routing Number _____

Account Number _____

Percentage or Dollar amount to be deposited into this account _____

Account 2: Name of Financial Institution: _____

Account type Cchecking Savings

Routing Number _____

Account Number _____

Percentage or Dollar amount to be deposited into this account _____

Authorization

This authorizes: **VERNON COUNTY CLERK**
to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: _____

Print name: _____

Date: _____

attached a voided check or other account verification