

<b>YORK COUNTY</b> PAYROLL MANAGEMENT SYSTEM <b>DIRECT DEPOSIT OF          FIXED PAY</b>	<b>TYPE OF ACTION / ATTACHED A COPY OF A VOID CHECK OR SAVINGS CARD FOR ACCOUNT# VERIFICATION</b>				
	NEW <input type="checkbox"/> ENROLLMENT	<input type="checkbox"/> CANCELLATION	<input type="checkbox"/> CHANGE	<b>CHANGE OF:</b> (Check All That Are Affected Below)	
	<input type="checkbox"/> ACCOUNT NUMBER	<input type="checkbox"/> ACCOUNT TYPE	<input type="checkbox"/> ROUTING NUMBER		

EMPLOYEE INSTRUCTIONS: COMPLETE THE EMPLOYEE INFORMATION, AND ENROLLMENT OR CANCELLATION SECTION, PROVIDE ALL INFORMATION TO HUMAN RESOURCES OR PAYROLL OFFICE: EMPLOYEE COMPLETE AREAS AS INDICATED.

## EMPLOYEE INFORMATION

<b>EMPLOYEE NAME</b>			<b>WORK TELEPHONE NO.</b>
LAST	FIRST	MI	

<b>EMPLOYEE NUMBER</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>DEPARTMENT</b>
<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"/> - <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"/>
(FOR AGENCY USE ONLY)		(FOR AGENCY PAYROLL USE ONLY)

## ENROLLMENT

**PERSON(S) NAMED ON ACCOUNT**

1)	2)

<b>ROUTING #*</b>	<b>ACCOUNT NUMBER **</b>	<b>ACCOUNT TYPE (CHECK ONE ONLY)</b>
<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"/>	<input type="text"/>	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING
	(**SEE CHECK, PASSBOOK OR ACCOUNT STATEMENT FOR ACCOUNT NUMBER)	

CHECKING ACCOUNTS -- THE FIRST NINE(9) NUMBERS PRIOR TO THE ACCOUNT NUMBER IN THE BOTTOM LEFT CORNER OF CHECK.  
 SAVINGS ACCOUNTS -- CONTACT YOUR BANK FOR ROUTING NUMBER, IF NOT KNOWN.

**ROUTING EMPLOYEE AUTHORIZATION**

I HEREBY AUTHORIZE THE COUNTY OF YORK TO DEPOSIT THE ABOVE AMOUNT DIRECTLY INTO MY CHECKING OR SAVINGS ACCOUNT AS REQUESTED. I ALSO GRANT AUTHORIZATION FOR THE REVERSAL OF A CREDIT TO MY ACCOUNT IN THE EVENT THE CREDIT WAS MADE IN ERROR. I UNDERSTAND THAT, UNDER THE "NATIONAL AUTOMATED CLEARING HOUSE ASSOCIATION" OPERATING GUIDELINES AND RULES, THE COUNTY OF YORK CAN ONLY REVERSE THE AMOUNT OF THE INCORRECT DIRECT DEPOSIT. I AGREE THAT THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL I PROVIDE TO MY AGENCY A WRITTEN CANCELLATION TO TERMINATE THE SERVICE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## CANCELLATION

I HEREBY AUTHORIZE THE COUNTY OF YORK TO CANCEL MY DIRECT DEPOSIT AUTHORIZATION AGREEMENT.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>ENROLLMENT REJECTION REASONS</b>	<b>KEY ENTRY OPERATOR</b>
	ENTERED BY (SIGNATURE)
	DATE