Print Form & Sign

Authorization for Direct Deposit for Wilson County Employees

Department: _____

I, _____ (name) authorize Wilson County to initiate CREDIT entries to my accounts indicated below at the depository financial institution named below.

The authorization is to remain in full force and effect until Wilson County has received written notification from me of its termination in such time and in such manner as to afford Wilson County and the Depository a reasonable opportunity to act on it.

_____ _____

Signature Printed Name

_____

Social Security #

	Routing #	Account #	Checking/ Savings	Flat $ Amt.	% $ Amt.
Acct #1					
Acct #2					
Acct #3					
	Total of Check Deposited				

Entire Check must be direct deposited into one or more accounts in order to take advantage of direct deposit. Please include a voided check or have your financial institution help to complete this form.

Revised: 07-01-2016