

# DIRECT DEPOSIT FORM



## Authorization Agreement

I hereby authorize Cass County Government to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold Cass County Government responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Cass County Government receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to Human Resources.

## Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_  Checking |  Savings

## Signature

Printed Name: \_\_\_\_\_

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

Please attach a voided check or printed documentation from the bank that includes the routing number and account number and return this form to the Human Resources Office.