



WASHINGTON COUNTY PAYROLL

DIRECT DEPOSIT

I hereby authorize Washington County to initiate entries to my checking/savings account at the financial institution listed below.

Name (please print)

Address

City State Zip

Signature

Social Security Number

Name of the Financial Institution

Address of Financial Institution

City State Zip

Checking/Savings Account Number

Please staple a voided check to this form. The payroll Department will be unable to process your pay check without a voided check.