

## FORSYTH COUNTY GOVERNMENT DIRECT DEPOSIT FORM

	Name (Last, First, MI)		SS#	
I do hereby authorize the above named company, hereinafter referred to as the Originator, to initiate credit entries to the account indicated below, and to initiate corrective reversal entries (debits) to the account indicated below in the event any credit entries are originated in error.				
Signature	Date			,
IMPORTANT: You must attach a voided check for each designated checking account and/or a voided withdrawal slip for each designated savings account with this form! Failure to do so will result in a delain processing your direct deposit request.				
Check One:	☑ Initial Set-up	itional 🔲 C	hange	Cancel
Account #1.:	Citizens Bank (FOP)			
	Bank Name	City	**************************************	State
	Type Of Account (check one):	Checking	☐ Savings	
	650005230	061104929		
	Account Number	ACH/ABA/R	ACH/ABA/Routing Number	
Please deposit: (check one):  Entire Net Amount  Designated Amount - indicate amount here: \$				
Check One:	☑ Initial Set-up ☐ Add	itional D C	hange	Cancel
Account #2.: _	Bank of the Ozarks (FOP OIIF)		iiaiige	Cance
	Bank Name	City		State
	Type Of Account (check one):	Checking	Savings	
	6916985	082907273		
	Account Number	ACH/ABA/Ro	outing Number	····
	Please deposit: (check one): Entire Net Amount Designated Amount - <i>indicate amoun</i> t	t <b>here:</b> \$7.69		

<u>Please Note</u>: At the time this request is initiated your current Direct Deposit (if applicable) will be cancelled and you will receive at least one "live" paycheck while your bank account information is being processed through the Federal Reserve. The employee is responsible for checking each subsequent check stub to verify when the Direct Deposit has been successfully completed.

Please allow two pay periods for your direct deposit to take effect. Also, keep in mind that submitting incomplete or inaccurate information on this form may delay your direct deposit.