



NEWTON COUNTY BOARD OF COMMISSIONERS

Payroll Department
1113 Usher Street, Ste. 204
Covington, Ga. 30014
payroll@co.newton.ga.us

DIRECT DEPOSIT AUTHORIZATION FORM

Employee Information

Employee Name:	Department:
Employee # :	Telephone #:

****MUST ATTACH A VOIDED CHECK OR DIRECT DEPOSIT FORM FROM BANK****

Primary Account (Net Pay)

Name of Bank: _____ Start Change Cancel
Routing Number: _____ Account Number: _____
___ Checking ___ Savings

Secondary Account

Name of Bank: _____ Start Change Cancel
Routing Number: _____ Account Number: _____
___ Checking ___ Savings **Fixed Dollar Amount \$** _____

Additional Secondary Account (if applicable)

Name of Bank: _____ Start Change Cancel
Routing Number: _____ Account Number: _____
___ Checking ___ Savings **Fixed Dollar Amount \$** _____

What to Expect with Direct Deposit:

With Direct Deposit, your payment will be credited to your account automatically. You will receive your regular earnings statement listing your gross pay, deductions and net pay. This authorization is to remain in effect until withdrawn by you, in writing, with sufficient notice to the County to allow adequate time for cancellation. Enrollment and changes may take two pay periods to become effective.

Terms and Conditions:

I hereby authorize and request the Board of County Commissioners to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account at the financial institution named. By signing this document, I agree with the Terms and Conditions.

Employee Signature:	Date:
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