

DAKOTA COUNTY

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Please check one:

COUNTY NAME: **Dakota County**

NEW APPLICATION

CHANGE

I hereby authorize **DAKOTA COUNTY** to automatically deposit 100% of my net pay into my account/s indicated below. I further authorize the **DEPOSITORY** named below to debit and/or credit the same to such account.

DEPOSITORY **(Complete separate sheet for each Institution)**

DEPOSITORY NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP _____

TRANSIT/ABA NO: _____ Same as Routing # Lower Left #

(SELECT ONE FOR EACH ACCOUNT) Please be sure that the amount = 100% of your net.

CHECKING

SAVINGS ACCOUNT #: _____ Amount _____

CHECKING

SAVINGS ACCOUNT #: _____ Amount _____

CHECKING

SAVINGS ACCOUNT #: _____ Amount _____

CHECKING

SAVINGS ACCOUNT #: _____ Amount _____



This authorization is to remain in full force and effect until the County has received written notification from me of its termination or change in such time and in such manner as to afford the County reasonable opportunity to act on it. I further understand that the department head may request my last payment to be issued in the form of a check distributed through it.

NAME: _____ ID NUMBER: _____

DATE: _____ SIGNED: _____