

**DIRECT DEPOSIT AUTHORIZATION AGREEMENT**  
Northampton County Local Government ID # 001

By signing below, I authorize Northampton County Local Government to initiate credit entries to my account and the financial institution named below. I also authorize Northampton County Local Government to draw drafts on my account or to initiate debit entries to my account, for the purpose of withdrawing money from my account, but solely in order to adjust an error resulting from a deposit or credit entry that has been made under this Authorization in an amount that is not correct. The financial institution shall not be liable for honoring any draft, debit entry, or withdrawal initiated by the Northampton County.



- Set up **new direct deposit** with information provided below.
- Cancel current direct deposit **AND** set up new direct deposit.
- Add to current with new direct deposit with information below.
- Cancel current direct deposit - paper checks only.



Please verify the type of account, bank transmit number, and account number before submitting this form.  
 A **“voided” check or savings deposit slip** for each account must be attached and all information must be completed.

Allow TWO (2) PAY PERIODS for new requests or changes to go into effect.

**YOU WILL RECEIVE A ‘PAPER CHECK’ DURING THE TEST PERIOD**



**Direct Deposit for ONLY (1) Account**                      **Type of Account:**    **Checking**                       **Savings**

Financial Institution Branch \_\_\_\_\_

Location Institution Branch (town) \_\_\_\_\_

Transit/ABA # \_\_\_\_\_ / **Routing number**

Account # \_\_\_\_\_

**Direct Deposit for TWO (2) Accounts**                      **Type of Account:**    **Checking**                       **Savings**

**1**

Financial Institution Branch \_\_\_\_\_

Location Institution Branch (town) \_\_\_\_\_

Transit/ABA # \_\_\_\_\_ / **Routing number**

Account # \_\_\_\_\_

**Amount to be Deposited** \$ \_\_\_\_\_ *(EACH PAY PERIOD)*

**Type of Account:**    **Checking**                       **Savings**

**2**

Financial Institution Branch \_\_\_\_\_

Location Institution Branch (town) \_\_\_\_\_

Transit/ABA # \_\_\_\_\_ / **Routing number**

Account # \_\_\_\_\_

**Amount to be Deposited** *(REMAINING PAY WILL BE PLACED IN THIS ACCOUNT)*

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This authority is to remain in effect until my employer receives written notification from me of its termination in such time and in such manner as to afford the County a reasonable opportunity to act on it.

**X**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name** *(print clearly):* \_\_\_\_\_