

EMPLOYEE DIRECT DEPOSIT ENROLLMENT FORM

Submit completed form to Human Resources no later than the 20th of the month.
Changes will take effect on the 10th of the following month's paycheck.

- ❖ CHECKING ACCOUNT: ATTACH VOIDED CHECK ONLY
- ❖ SAVINGS ACCOUNT: ATTACH DEPOSIT SLIP (confirm routing # w/bank)
(Your name must appear on voided check or deposit slip)
- ❖ PRE-PAID CARD ACCTS ARE NOT ACCEPTED (i.e., Wal-Mart purchased)

I hereby authorize **Yakima County** to initiate credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. This authorization is to remain in full force and effect until **Yakima County** has received written notice from me of its termination in such time and such manner as to afford **Yakima County** and **Bank** reasonable opportunity to act on it.

| | |
|--|-------------------------|
| Employee Number | Employee Name |
| Department YAKIMA COUNTY FIRE DISTRICT #5 | Employee Contact Number |

| | |
|------------------------|------|
| Signature(s) X..... | Date |
|------------------------|------|

ACCOUNT INFORMATION: CHECKING SAVINGS (Check one)

| | | |
|-------------------|---|--------|
| Bank Name | Account Names (list anyone else on account) | Branch |
| City | State and Zip Code | |
| Routing/Transit # | Account # | |

STAPLE VOIDED CHECK/DEPOSIT SLIP IN THIS AREA