

## **DIRECT DEPOSIT AUTHORIZATION FORM**

I hereby authorize Champaign County to initiate credit entries for Payroll Direct Deposit and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account(s) at the institution(s) indicated below.

1. FINANCIAL INFORMATION	
Financial Institution Name	
Branch Address/City/State/Zip	
Davidson Marchan	A A Musel
Routing Number:	Account Number:
Type of Account:Checking	Dollar Amount of Deposit:
Savings	
2. FINANCIAL INFORMATION	
Financial Institution Name	
Branch Address/City/State/Zip	
Routing Number:	Account Number:
reading reamber.	
Type of Account:Checking	Dollar Amount of Deposit:
Savings	
3. FINANCIAL INFORMATION	
Financial Institution Name	
Branch Address/City/State/Zip	
Routing Number:	Account Number:
Type of Account:CheckingSavings	Dollar Amount of Deposit:
4. FINANCIAL INFORMATION	
Financial Institution Name	
Branch Address/City/State/Zip	_
-	
Routing Number:	Account Number:
Type of Account:CheckingSavings	Dollar Amount of Deposit:
ed above. This authorization will remain	by of account statement as verification for accour n in effect until Champaign County has received on in such time and manner as to afford Champai ole opportunity to act on it.
nted Name	Department
nature	Date

\*\*PLEASE ATTACH VOIDED CHECK\*\*

Office Use Only: Effective Date: