



# Direct Deposit Authorization

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Name of Employee \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name of Bank or Financial Institution \_\_\_\_\_

Type of Account (check one):  Checking  Savings

I hereby authorize Okaloosa County Board of County Commissioners to deposit any amounts owed me by initiating credit entries to my account at the financial institution indicated above. Further, I authorize my financial institution to accept and to credit any credit entries indicated by Okaloosa County to my account. In the event that Okaloosa County deposits funds erroneously into my account, I authorize Okaloosa County to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until I authorize by written notice of change.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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**ATTACH VOIDED CHECK HERE**