



COUNTY OF HAYS

TREASURER'S OFFICE
712 S. STAGECOACH TRAIL, SUITE 1094
SAN MARCOS, TX 78666
PHONE: 512-393-2236 FAX: 512-393-2248
WWW.CO.HAYS.TX.US

PAYROLL DIRECT DEPOSIT ENROLLMENT/CHANGE FORM

EMPLOYEE NAME (print): _____ DATE: _____

- Set up direct deposit with information provided below
- Cancel Current direct deposit and set up new direct deposit with information provided below
- Cancel current direct deposit as soon as possible

The County of Hays, Texas	AUTHORIZATION AGREEMENT	Tax ID# 74 6002241
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- I choose **NOT** to have my payroll check direct deposited at this time.

Signature: _____ Date: _____

I hereby authorize the County of Hays, Texas to initiate credit entries to my account at the financial institution named below. I also authorize the County of Hays, Texas and/or its designated financial institution acting on its behalf, and the financial institution(s) named below, 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 institutions shall not be liable for honoring any draft, debit entry, or withdrawal initiated by the County of Hays, Texas.

This authority is to remain in effect for the processing of all payments connected with my employment with the County of Hays, Texas or until the County of Hays, Texas has received written notification from me of its termination in such time and in such manner as to afford the County of Hays, Texas a reasonable opportunity to act upon it.

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP WITH THIS COMPLETED FORM FOR EACH ACCOUNT LISTED BELOW.

Complete for DIRECT DEPOSIT		
Bank Account #1 (Primary Account) <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank Name _____ Account # _____ Routing # _____ <u>Select one</u> <input type="checkbox"/> Deposit Balance of Net <input type="checkbox"/> Specific Amount \$ _____	Bank Account #2 (Optional) <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank Name _____ Account # _____ Routing # _____ <u>Select one</u> <input type="checkbox"/> Deposit Balance of Net <input type="checkbox"/> Specific Amount \$ _____	Bank Account #3 (Optional) <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank Name _____ Account # _____ Routing # _____ <u>Select one</u> <input type="checkbox"/> Deposit Balance of Net <input type="checkbox"/> Specific Amount \$ _____

EMPLOYEE SIGNATURE: _____ Date: _____

(By signing this form I agree to the above Authorization Agreement)