DIRECT DEPOSIT AUTHORIZATION FORM

Last Name

First Name

MI

Social Security Number

Work Phone

Action

New

Change

Cancel

Effective Date

Month

Day

Year

Name of Financial Institution

Account Number

Type of Account

Checking

Savings

Routing Transit Number

All 9 boxes must be filled.

Signature _____ Date _____

Effective October 1, 2001 Mandatory Direct Deposit for all Pasquotank County Employees.