

DIRECT DEPOSIT AUTHORIZATION

I AUTHORIZE THE JASPER COUNTY AUDITOR'S OFFICE TO:

A. MAKE A FULL DIRECT DEPOSIT OF MY CHECK EVERY PAY PERIOD

OR

B. DISCONTINUE DIRECT DEPOSIT

I UNDERSTAND THAT:

THE BANK DOES NOT GUARANTEE DESPOSIT BEFORE FRIDAY.

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT TYPE: _____

ACCOUNT NUMBER: _____

SPLIT AMOUNT: _____

+++++

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT TYPE: _____

ACCOUNT NUMBER: _____

SPLIT AMOUNT: _____

SIGNATURE: _____

DATE: _____

PRENOTE SENT TO BANK: _____

FIRST DEDUCTIONON: _____