



## PORTAGE COUNTY AUDITOR

**Matt Kelly**

Administration Building  
449 South Meridian Street  
Ravenna, OH 44266

### AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL

### PORTAGE COUNTY AUDITOR

I hereby authorize my employer (named above) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account listed below:

FINANCIAL INSTITUTION NAME \_\_\_\_\_

CITY & STATE \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

TYPE OF ACCOUNT (*check one*)                      CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_

**\*\* Please attach a VOIDED check for CHECKING or a bank document for SAVINGS**

**\*\*The initial direct deposit will be a pre-note and you will receive a live check\*\***

The authority is to remain in full force until Employer has received written notification from me of its termination in such time manner as to afford Employer and Financial Institution a reasonable opportunity to act on it.

NAME (please print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**PLEASE CHECK ONE:**

New enrollment \*\* \_\_\_\_\_

Change of:    Banking Institution \*\* \_\_\_\_\_

Change of:    Account number \*\* \_\_\_\_\_

Account type \*\* \_\_\_\_\_

STOP direct deposit \_\_\_\_\_