

**ATTACH VOIDED CHECK OR COPY OF SAVING CARD**  
**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSITS**

I hereby authorize Garland County hereinafter called Company, to deposit in my account indicated below the net amount I am due for any pay period with the same effect if a check had been delivered to me for such amount. I also authorized the Financial Institution indicated below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. Should an over deposit be made, the FINANCIAL INSTITUTION is authorized to debit such account and return to COMPANY the amount of any such overage

FINANCIAL INSTITUTION: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

CHECK ONE:    \_\_\_\_\_ Checking            \_\_\_\_\_ Savings

CHECK ONE:    \_\_\_\_\_ New Sign-up    \_\_\_\_\_ Account Change    \_\_\_\_\_ Cancellation

This authority is to remain in full effect until COMPANY has received written notification from me of it termination in such time and manner as to afford COMPANY AND FINANCIAL INSTITUTION a reasonable opportunity to act on it. Termination of employment also voids this agreement:

Date: \_\_\_\_\_ S.S. Number: \_\_\_\_\_

Name: \_\_\_\_\_ (Print)

Signature: \_\_\_\_\_

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FOR OFFICE USE ONLY

Dept/Pos: \_\_\_\_\_ Employee Number: \_\_\_\_\_