BRUNSWICK COUNTY
DIRECT DEPOSIT AUTHORIZATION FORM

Please attach a voided check or supporting documentation provided by your bank showing the name on the account, the routing number, the account number, and the account type (checking or savings).

Employee Name: _____ ID: _____ Dept: _____

PRIMARY ACCOUNT (REQUIRED)

☐ No Change to Primary Account

Bank: _____

Routing Number: _____ Account Number: _____

Account Type: ☐ Checking ☐ Savings

ADDITIONAL ACCOUNT (OPTIONAL)

☐ No Change to Optional Account

Bank: _____

Routing Number: _____ Account Number: _____

Account Type: ☐ Checking ☐ Savings

Deposit Amount: ☐ Dollar Amount $_____ ☐ Percentage _____%

EMPLOYEE AUTHORIZATION

I hereby authorize Brunswick County to initiate direct deposit to the bank account(s) indicated above. This authority is to remain in effect until Brunswick County has received written notification from me of its termination in such time as to afford Brunswick County a reasonable opportunity to act upon it.

_____ _____

Employee Signature Date

VERIFICATION

The following have been visually verified via ☐ Documentation ☐ Cell Phone

☐ Name on Account(s) ☐ Routing Number(s)

☐ Account Number(s) ☐ Account Type(s)

_____ _____

County Representative Signature Date

Updated August 2026