

# BRUNSWICK COUNTY DIRECT DEPOSIT AUTHORIZATION FORM

**NEW**

**CHANGE**

**STOP**

Employee Name: \_\_\_\_\_  
(PLEASE PRINT)

Department: \_\_\_\_\_

I hereby authorize Brunswick County, to initiate direct deposit to my bank account indicated below and the financial institution named below to credit the same to such account. **Please see below for additional documentation needed.**

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

**CITY, STATE:** \_\_\_\_\_

**BANK TRANSIT /ABA NUMBER:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**TYPE OF ACCOUNT:**     SAVINGS                       CHECKING

This authority is to remain in full force and effect until Brunswick County has received written notification from me of its termination in such time and in such manner as to afford Brunswick County a reasonable opportunity to act upon it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## YOU MUST ATTACH/INCLUDE ONE OF THE FOLLOWING!

- **A PRINTOUT FROM YOUR BANK CLEARLY SHOWING NAME, ACCOUNT NUMBER AND ROUTING NUMBER (DO NOT NEED BANK BALANCE INFO)**
- **A VOIDED CHECK**