

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSIT(S)



Department: _____ Peoplesoft ID# _____ Effective Date: _____

Employee Name: _____ Social Security #: _____ (last 4 digits only)

I hereby authorize the LUCAS COUNTY AUDITOR to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account(s) listed below. **Note: New accounts will no longer require a pre-note period if complete routing and account information are received for the payroll set up.**

For the **BALANCE OF CHECK:**

Financial Institution Name: _____ New Change Cancel Replace

Routing #: _____ Account #: _____
(9-digit number at the bottom left of your check)

Type of Account Checking Savings (If you are placing the balance in TMFCU, please use the space below)

Financial Institution Name: Toledo Metro Federal Credit Union (TMFCU) New Change Cancel Replace

Routing #: 241282506 Savings Acct #: _____ Amount: \$ _____
(If full deposit, please write "balance" above)

For additional **PARTIAL DEPOSITS** (up to 4 are allowed):

Financial Institution Name: _____ New Change Cancel Replace

Routing #: _____ Account #: _____

Amount: \$ _____ Type of Account: Checking Savings

Financial Institution Name: _____ New Change Cancel Replace

Routing #: _____ Account #: _____

Amount: \$ _____ Type of Account: Checking Savings

Financial Institution Name: _____ New Change Cancel Replace

Routing #: _____ Account #: _____

Amount: \$ _____ Type of Account: Checking Savings

Financial Institution Name: _____ New Change Cancel Replace

Routing #: _____ Account #: _____

Amount: \$ _____ Type of Account: Checking Savings

IMPORTANT: Attach a voided check or bank verification for any NEW account(s) listed above.

I do not / do wish to have a printed version of my pay stub. **Circle one.** (If you elect not to receive one, you may still view your pay information using Peoplesoft Self Service.)

This authority is to remain in full force until the Lucas County Auditor has received **written notification** from me of its termination. I will submit the notification in a timely manner to afford the Lucas County Auditor and the financial institution(s) a reasonable opportunity to act on it. I will notify my department's Payroll office **IMMEDIATELY** in the event of a payroll calculation error. I will repay Lucas County for any overpayments that may be credited to my account(s)

IAT Transaction. Check this box to indicate this transaction is a debit or credit entry that is part of a payment transaction involving a financial office that is not located in the territorial jurisdiction of the United States.

Employee Signature _____ Date: _____

(For payroll use only) Date entered: _____ Initials: _____ Revised 12/22/11