



**NEW CASTLE COUNTY  
AUTHORIZATION AGREEMENT FOR  
DIRECT DEPOSIT OF PAYROLL (ACH CREDITS)**

*Please Print or Type*

- I am a new employee  
 I request to change my direct deposit account

PART 1: EMPLOYEE INFORMATION	
<b>EMPLOYEE NAME:</b>	
<b>EMPLOYEE ID OR SOCIAL SECURITY#:</b>	
<b>WORK OR HOME PHONE:</b>	

PART 2. DEPOSITORY FINANCIAL INSTITUTION INFORMATION	
<b>NAME OF BANK:</b>	
<b>BRANCH LOCATION OR ADDRESS:</b>	
<b>BANK ROUTING NUMBER:</b>	
<b>ACCOUNT NUMBER:</b>	
<b>TYPE OF ACCOUNT (PLEASE CHECK ONE):</b>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <i>Please attach a copy of a check marked "VOID" or official bank letter that includes transit and account numbers.</i>

PART 3. EMPLOYEE AUTHORIZATION	
<p>I hereby authorize New Castle County to initiate credit entries to the account indicated at the financial institution listed above so that funds are available to me on pay day. In the event funds to which I am not entitled are deposited to my account, I authorize New Castle County to direct the bank to return said funds.</p> <p><b>I hereby agree that I will not have the County direct deposit any of my funds to either a foreign bank or to a U.S. bank and then have the entire amount forwarded to a bank account in another country.</b></p> <p>This authorization is to remain in full force and effect until New Castle County has received written notification from me of its termination at such time and in such manner as to afford both New Castle County and the depository financial institution a reasonable opportunity to act on it.</p> <p>Participation in direct deposit is a mandatory condition of employment for employees hired after 11/1/97.</p> <p>A statement of direct deposit (online paycheck via Employee Self-Service) will be provided detailing the gross pay amounts, deductions and the bank account to which the net pay was deposited.</p>	
<b>SIGNATURE OF EMPLOYEE:</b>	
<b>DATE:</b>	