



Direct Deposit Authorization

County of Modoc
530-233-7660 Phone 530-233-6405 Fax

Name _____
(please print)

Voided Check Required

New Change Stop Account Type: Checking Savings

Institution Name _____ % of net check **or** \$ _____

Bank Routing/Transit Number: _____

Account Number: _____ Institution phone # _____

New Change Stop Account Type: Checking Savings

Institution Name _____ % of net check **or** \$ _____

Bank Routing/Transit Number: _____

Account Number: _____ Institution phone # _____

*** NOTE: Direct deposits become effective the SECOND PAYCHECK after this form is received by the County of Modoc Auditor's Office (Payroll).**

*** When TRANSFERRING direct deposits between banks you will receive one "cashable check"**

I authorize The County of Modoc to start crediting my account(s) at the financial institution(s) listed above for the purpose of automatically depositing funds as indicted above.

I understand that if my account(s) at the financial institutions(s) listed above have been changed or closed, I must inform the County of Modoc Payroll Office in writing. *County of Modoc is unable to refund rejected monies until they are credited to the County of Modoc payroll account.*

Signature

Date

Work Phone