PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

NAME: (PLEASE PRINT)

_____
LAST FIRST M

_____
EMPLOYEE CODE

_____
DEPARTMENT

CHECK APPLICABLE BOX(S):

[ ] **NEW ENROLLMENT / ADD ACCOUNT**
Complete and sign entire form
Attach a voided check

[ ] **CHANGE OF PRESENT FINANCIAL INSTITUTION**
Attach a voided check

[ ] **CHANGE DEPOSIT AMOUNT**
Include account number

[ ] **CANCEL PARTICIPATION**

Attach a voided check or copy of a check for each account. (No deposit slips please). Indicate whether it is a checking or savings account by checking the appropriate type of account. If you do not have checks, please call your bank and confirm the ACH Routing Number(s) and Account numbers for Checking and/or Savings. Contact payroll if you have any questions at ext. 4026 or 4027.

MAIN DIRECT DEPOSIT (Net Pay)

Checking or Savings Account (Check One)

ACH Routing Number: __/ __/ __/ __/ __/ __/ __/ __/ __/

Account #: __/ __/ __/ __/ __/ __/ __/ __/ __/__/ __/ __/ __/ __/ __/ __/ __/ __/ __/

Bank Name: _____

ADDITIONAL ACCOUNTS

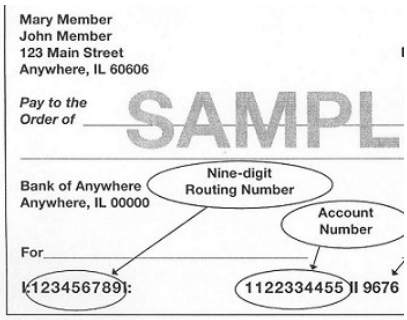
Additional Account 1 **New Account** **Change Amount** **Cancel Account**

Checking or Savings Account (Check One) Amount: $ _____ . _____

ACH Routing Number: __/ __/ __ __/ __/ __/ __/ __/ __/

Account #: __/ __/ __/ __/ __/ __/ __/ __/ __/__/ __/ __/ __/ __/ __/ __/ __/ __/ __/

Bank Name: _____



Additional Account 2 **New Account** **Change Amount** **Cancel Account**

Checking or Savings Account (Check One) Amount:$ _____ . _____

ACH Routing Number: __/ __/ __/ __/ __/ __/ __/ __/ __/

Account #: __/ __/ __/ __/ __/ __/ __/ __/ __/__/ __/ __/ __/ __/ __/ __/ __/ __/ __/

Bank Name: _____

Additional Account 3 **New Account** **Change Amount** **Cancel Account**

Checking or Savings Account (Check One) Amount:$ _____ . _____

ACH Routing Number: __/ __/ __/ __/ __/ __/ __/ __/ __/

Account #: __/ __/ __/ __/ __/ __/ __/ __/ __/__/ __/ __/ __/ __/ __/ __/ __/ __/ __/

Bank Name: _____

Additional Account 4 **New Account** **Change Amount** **Cancel Account**

Checking or Savings Account (Check One) Amount:$ _____ . _____

ACH Routing Number: __/ __/ __/ __/ __/ __/ __/ __/ __/

Account #: __/ __/ __/ __/ __/ __/ __/ __/ __/__/ __/ __/ __/ __/ __/ __/ __/ __/ __/

Bank Name: _____

I, the undersigned, authorize and request Madison County Government, hereafter referred to as "employer" and Paycom Payroll, LLC to have my salary deposited directly to the account(s) as indicated above. I authorize and request my Financial Institution to credit the same to my account. It is agreed that these credits and/or debits may be made electronically and under the Rules of the National Automated Clearing House Association (NACHA). It is agreed that Paycom is only responsible for the direct deposit of funds actually received, maintained and retained from employee's employer. Employer's instructions to Paycom and employer's use of Paycom's services shall not violate the NACHA rules or the laws of the United States. I agree that my Financial Institution is not responsible for the correctness of any direct deposits to my account by Madison County Government and shall not hold it liable for crediting my account accordingly.

This authority will remain in effect until employer has received written notification from me of its cancellation. I may give such cancellation at any time, but must allow employer a reasonable time to act on it. I recognize that I must notify Madison County Government of any change in Financial Institutions or accounts to insure proper and timely deposit to my account.

***Employees receiving direct deposit will not receive a paper pay stub. All pay stubs are available through the Paycom Employee Self Service.**

_____ _____ _____
SIGNATURE DATE EXT. NUMBER