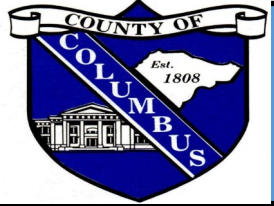


Columbus County Direct Deposit Form



AUTHORIZATION AGREEMENT

I hereby authorize Columbus County and the financial institution(s) shown to deposit my pay directly to my account each payday. If funds to which I am entitled are deposited to my account I authorize Columbus County to direct the bank to return said funds. This authority will remain in effect until I file a new authorization form.

Employee Name: _____ Employee Number: _____

ACCOUNT INFORMATION

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking Savings Money Market Amount: _____

ACCOUNT INFORMATION

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking Savings Money Market Amount: _____

ACCOUNT INFORMATION

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking Savings Money Market Amount: _____

IMPORTANT: Attach a voided check or deposit slip for each account so that we can obtain an accurate routing and transit number for the financial institution designated to receive your deposit.

Signature: _____ Date: _____