

# AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL

I hereby authorize Putnam County Comprehensive Services, Inc. to initiate Direct Deposit of Payroll credit entries and necessary debit entries for adjustments to correct errors to my \_\_\_\_\_Checking \_\_\_\_\_Savings (indicate one) at the financial institution named below.

Bank Name:		
City:	State:	Zip:
Routing #:	Account #:	

This authority is to remain in full force and effect until Putnam County Comprehensive Services, Inc. has received written notification from me of its termination in such time and in such manner as to afford Putnam County Comprehensive Services, Inc. and the financial institution a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date