

**NUECES COUNTY
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

Name: _____ Employee No: _____

Phone Number: _____ Department: _____

Please check the appropriate box.

New Enrollment

Change Bank or Account Number

Other Change (please specify) _____

The Nueces County direct deposit program allows multiple accounts. The total of all accounts must equal 100%.

Complete the Following

CHECKING

Bank Name _____ Account No. _____

Routing No. _____ Amount or Percent _____

ATTACH VOID CHECK OR AUTHORIZATION LETTER FROM YOUR BANK

CHECKING

Bank Name _____ Account No. _____

Routing No. _____ Amount or Percent _____

ATTACH VOID CHECK OR AUTHORIZATION LETTER FROM YOUR BANK

(Signature Required on Reverse)

NUECES COUNTY
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT - CONTINUED

CHECKING

Bank Name _____ Account No. _____

Routing No. _____ Amount or Percent _____

ATTACH VOID CHECK OR AUTHORIZATION LETTER FROM YOUR BANK

SAVINGS

Bank Name _____ Account No. _____

Routing No. _____ Amount or Percent _____

ATTACH VOID CHECK OR AUTHORIZATION LETTER FROM YOUR BANK

For the purpose of direct deposit of payroll checks only, I hereby authorize Nueces County Auditor's Office/Payroll Department and the depository named to initiate direct deposit (credit) entries and correction (debit or credit) entries to the depository account(s) on this form. This authority remains in effect until separation from employment. I will give written notice for any changes in bank or account information.

I understand that notice of changes or new enrollment must be received by the Auditor's Office twenty (20) days prior to payday to be effective by that payday. This allows sufficient time to run a test transaction. I will not close my current bank account until the new direct deposit agreement takes effect.

I understand that Nueces County will exercise reasonable care in the performance of this service, and I agree to indemnify and hold Nueces County harmless from any claims, liabilities, or expenses incident to the direct deposit of my paycheck due to failure of a depository to post any credit on my account, including any claim based on alleged loss as a result of the rejection of any check drawn on my account(s) because of insufficient funds.

I agree that any loss suffered by Nueces County, which I am obligated to pay under the terms of this indemnity, may be withheld from my paycheck following the date the amount of such obligation has been determined by the County Auditor. For example, when bank charges are incurred when an employee has closed his or her bank account and the County is charged for a direct deposit rejection. I agree that this obligation may be paid out of sums that may be due to me by Nueces County.

EMPLOYEE SIGNATURE: _____ DATE: _____

RETURN THIS AGREEMENT AND YOUR VOIDED CHECK TO PAYROLL DEPARTMENT.

Questions? Call Nueces County Payroll at 888-0559 or 888-0619.

PAYROLL USE ONLY

Pre Notification Date: _____ First Payroll Deposit: _____