

CHEROKEE COUNTY

DIRECT DEPOSIT Enrollment & Change Form

<input type="checkbox"/>	ENROLL ME IN DIRECT DEPOSIT	<input type="checkbox"/>	CHANGE MY DIRECT DEPOSIT	<input type="checkbox"/>	CANCEL MY DIRECT DEPOSIT*
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NAME (First, Middle, Last):
Soc Sec # (required by Federal Reserve)

Name of BANK or Financial Institution:
<input type="checkbox"/> Deposit to my CHECKING account (my name is on this account)
<input type="checkbox"/> Deposit to my SAVINGS or MONEY MARKET account (my name is on this account)
I am ATTACHING (check one & STAPLE HERE)
<input type="checkbox"/> a PHOTOCOPY of a CHECK with my preprinted name & current address
<input type="checkbox"/> a CHECK marked " VOID ," with my preprinted name & current address
<input type="checkbox"/> an official BANK FORM , certified & stamped by a banking official, which provides my account number and the bank routing number
<input type="checkbox"/> a DEPOSIT SLIP for my savings or money market account PLUS the bank routing number: _____

<p>PLEASE NOTE: Cherokee County will transmit your payment electronically based on the information you have provided. If the transmission fails because you have given us incorrect or outdated information, Cherokee County can only provide a replacement payment AFTER we have received a refund from the financial institution. It is really important that you provide correct account & bank routing numbers – and that you notify the Cherokee County Payroll Office immediately if you change banks or account numbers. Cherokee County has the right to retract & correct payments as necessary.</p> <p>A Direct Deposit CHANGE Form must be <u>received</u> by PAYROLL no later than 3 p.m. on Friday preceding the current pay date.</p> <ul style="list-style-type: none">● 75 Peachtree St● Murphy, NC 28906

<i>I authorize my salary payment to be routed to the bank or financial institution listed on this form and deposited into the account identified on the attached certification document. I understand and accept the conditions of participation in the direct deposit program.</i>	
SIGNATURE:	DATE: