

AUTOMATIC DEPOSIT TRANSMITTAL

CANADIAN COUNTY, STATE OF OKLAHOMA
OFFICE OF COUNTY CLERK

SS # _____

NAME _____

(Please print or type exactly as name is on the account)

New Enrollment _____ Change Enrollment _____ Change of Address _____
Termination of Agreement _____ Termination Date _____

I hereby authorize Canadian County, State of Oklahoma, as per 19 O.S. 1993 Supp. §623, 62 O.S. 1993 Supp. §471, to deposit my payroll warrant for me in my savings and/or checking accounts specified below and for the DEPOSITORY FINANCIAL INSTITUTION(S) (bank, savings & loan, credit union) named below, to make a credit entry to such account(s). **If monies to which I am not entitled are deposited to my account, I authorize Canadian County, State of Oklahoma to direct the financial institution to return said funds.** I understand the payroll date and frequency of payment currently being utilized by my employing county office will not be affected by my decision to use Electronic Funds Transfer. I understand while a change of enrollment is in process I may, in fact, get a payroll warrant instead of electronic funds transfer. **Please allow 30 days for automatic deposit to commence.**

❖ Direct Deposit for **Savings or Checking \$** NET
(Circle One)

FINANCIAL INSTITUTION NAME _____

Routing Number _____ Account Number _____

City _____ State _____

❖ Direct Deposit for **Savings \$** _____

FINANCIAL INSTITUTION NAME _____

Routing Number _____ Account Number _____

City _____ State _____

❖ Direct Deposit for **Checking \$** _____

FINANCIAL INSTITUTION NAME _____

Routing Number _____ Account Number _____

City _____ State _____

This authority is to remain in full force and effect until I give the Canadian County Clerk **30 calendar days** written notice using this form (SA&I 4071) to terminate this direct deposit agreement **or upon termination of my employment, in which case, I will receive a payroll warrant for my final pay instead of electronic funds transfer.** This information is provided by me to facilitate my personal banking needs and shall be considered personal and held in confidence.

Home Mailing Address _____

City _____ State _____ Zip _____

Telephone Number (Home) _____ (Work) _____

Employing County Office _____

Signature _____ Date _____

Please attach a voided check(s) (deposit slips are not accepted) or an official document from your financial institution showing the financial institution's routing number and your account number. Allow 30 days for automatic deposit to commence.

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Pre-Note _____ Live _____

