

**Request for Direct Deposit**

**County of Saratoga**

Medicare Reimbursement



**Retiree Information:** (Please complete using Saratoga County Retiree info, not covered spouse)

**Note:** If this form is not returned, a debit card from Key Bank will be issued and replenished each quarter.

Retiree Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**\*\*ATTACH A VOIDED CHECK HERE, AND RETURN TO THE HUMAN RESOURCES DEPARTMENT\*\***

**Account Information:**

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Bank Routing No: \_\_\_\_\_

Checking \*\*      OR       Savings

**Direct Deposit Authorization Agreement:**

I authorize and request Saratoga County to automatically deposit any monies due to my Account(s) listed above. I understand that this agreement may be terminated by me or Saratoga County at any time by written notification. Any such notification requires a reasonable time to act upon it.

I authorize Saratoga County to withdraw funds from my account for the purpose of correcting a deposit made in error to my account.

Signature: \_\_\_\_\_  
(Saratoga County Retiree, not covered spouse)

Date: \_\_\_\_\_