



COUNTY OF SARATOGA REQUEST FOR PAYROLL DIRECT DEPOSIT

Employee Name: _____

Social Security #: _____

Department: _____

Home Address: _____

Phone Number: _____ Work Phone Number: _____

E-mail Address: _____

Be advised requests utilizing new banks or new accounts from a current bank will require a minimum of two pay cycles to be in effect due to banking requirements. To fulfill your request more efficiently, please be sure to include a daytime phone number.

ATTACH A VOIDED CHECK HERE, AND RETURN TO THE HUMAN RESOURCES OFFICE/PAYROLL

Bank Name: _____

Bank Routing No: _____ Account No: _____

Checking OR Savings

Net Pay OR Partial Amount _____

This is a change in amount only This is an additional account This account is on file, no changes

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Direct Deposit Authorization Agreement

I authorize and request Saratoga County to automatically deposit any payroll 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.

Signature: _____

Date: _____