

DIRECT DEPOSIT DISPOSITION FORM

NAME: _____ STATUS: ACTIVE

SOCIAL SECURITY #: _____ RETIREE

DEPARTMENT: _____

BEGIN DIRECT DEPOSIT:

Name of Bank: _____

Account Number: _____ Routing Number: _____

Account Holder Name (If different from employee): _____

For Checking Account:

Attach a Voided Check or bank printout

For Savings Account:

Attach a Savings Deposit Slip or bank printout

CHANGE DIRECT DEPOSIT:

Name of Bank: _____

Account Number: _____ Routing Number: _____

Account Holder Name (If different from employee): _____

For Checking Account:

Attach a Voided Check or bank printout

For Savings Account:

Attach a Savings Deposit Slip or bank printout

I realize I will have to maintain my old account until this transaction is established.

STOP DIRECT DEPOSIT:

STOP

I realize Direct Deposit is a condition of Employment.

AUTHORIZATION:

I authorize the Columbus Consolidated Government and my financial institution to credit my account for Direct Deposit.

SIGNATURE: _____ DATE: _____