

**ST. LAWRENCE COUNTY
PAYROLL OFFICE
48 Court Street
Canton, NY 13617-1169
(315) 379-2235**

Authorization for Direct Deposit

Employee Information | Please Print

Name (Last, First, MI): _____

Employee ID# : _____

Phone Number or Ext. # _____

Primary Account This is where the balance is deposited after \$ amount is deducted from the second and third accounts listed below.

Select one: <input type="checkbox"/> Start <input type="checkbox"/> Change	Account Type <input type="checkbox"/> Checking	Bank Name: _____ Account Number: _____ Routing Number: _____	NET
	<input type="checkbox"/> Savings		

Second Account

Select one: <input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Name: _____ Account Number: _____ Routing Number: _____	\$ _____ Amount per pay check

Third Account

Select one: <input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Name: _____ Account Number: _____ Routing Number: _____	\$ _____ Amount per pay check

Authorization:

I hereby authorize St. Lawrence County to deposit my check into the bank account(s) listed above.

I also authorize St. Lawrence County to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account.

I will not hold my bank liable for any erroneous debits or adjustments.

Employee Signature _____ Date _____

EMAIL AUTHORIZATION

I authorize St. Lawrence County to deliver my direct deposit advice by email.

Email address _____

Employee Signature _____ Date _____

Stop Direct Deposit:

Employee Signature _____ Date _____