



Jill A. Davidson

Athens County Auditor

Direct Deposit Form

Last Name	First Name	Middle Initial	Employee ID # (to be assigned)

I hereby authorize the Athens County Auditor's Office to direct deposit all payments to me from the Athens County payroll or accounts payable, into my account in the financial institution named below. This authorization will remain in effect until I submit a new form changing this authorization.

Bank or Financial Institution			
Bank Routing Number (9 Digits)		Check ONE	
Account Number		Checking	Savings
Primary Email to Receive Pay Advice			

Signature Required

Date

YOUR NAME 123
1234 Main Street
Anywhere, OH 00000 DATE _____

PAY TO THE ORDER OF _____ \$ _____
DOLLARS

044072324 000123456789 123
ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

