

**BRUNSWICK COUNTY
DIRECT DEPOSIT FORM**

EMPLOYER: (Check One)

- Board of Supervisors
- Department of Social Services
- Public Schools

I hereby authorize Brunswick County to deposit my salary payment to my account at the financial institution shown below. I agree to provide written notification within 30 days of any changes to this information so that my pay may be properly distributed. I also authorize Brunswick County to make adjustments to my account to correct any credit entries made in error.

Note: If you receive more than one payment, this direct deposit authorization will apply to all payments.

1. Social Security Number: _____ - _____ - _____
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2. Telephone Number: _____ - _____ - _____
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3. Name: (First) (MI) (Last) (Jr./Sr.)			
4. Address: (Street) (City) (State) (Zip)			
<input type="checkbox"/> Check box if this is a new address			
5. Name of Financial Institution:		6. Branch: (City and State)	
7. Type of Account: (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings		8. Percent or Amount Allocated to this Account:	
9. Routing Number		10. Account Number	
11. Signature:			12. Date:

STAPLE VOIDED CHECK TO THIS FORM

This form cannot be processed unless it is signed and dated (items #11 and #12).