

**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.)
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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)
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7. Type of Account: (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	8. Percent or Amount Allocated to this Account:
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9. Routing Number	10. Account Number
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11. Signature:	12. Date:
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**STAPLE VOIDED CHECK TO THIS FORM**

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