

LANCASTER COUNTY
Direct Deposit Authorization Agreement

Request Change Cancellation *

I hereby authorize Lancaster County to initiate credit entries and to initiate, if necessary, adjustments for any credit entries in error to my account in the financial institution named below, and to credit or debit the same entries to such account.

Financial Institution: _____

City _____ State _____ Zip _____

Account No. _____ Checking Savings

This authorization is to remain in full force and effect until Lancaster County has received written notification from me of its termination in such time and in such manner as to afford Lancaster County a reasonable time to act on it.

The undersigned hereby agree/s that all entries hereunder are to be governed in all respects by the Rules of the Mid-America Payment Exchange Association and agree/s to be bound thereby.

Name (print): _____ SSN: _____

Signature: _____ Date: _____

Note: for a checking account, attach a voided blank check; or for a savings account, attach a savings account deposit slip below to validate account information.

* When cancelling your direct deposit or changing from one financial institution to another, account should not be closed until notification is received from Payroll that the change or cancellation process has been completed.

For Payroll Department Use Only

Bank Transit No. _____



Attach voided blank check or savings deposit slip here

