

(Optional)

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Must be completed in **BLUE** ink

Please Print

NAME: _____
(First, Middle Initial and Last)

I hereby authorize Pend Oreille County, hereinafter called the COUNTY to automatically deposit funds into my Checking Savings account (**SELECT ONE**) identified below and the FINANCIAL INSTITUTION named below to accept such deposits initiated by the COUNTY. In the event of an incorrect amount or entry, I authorize the COUNTY to reverse the transaction.

FINANCIAL INSTITUTION _____

Transit Routing/ ABA Number _____ Account Number: _____

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

Date: _____ Signature: _____

Attach a sample voided check here

**FAILURE TO NOTIFY THE COUNTY OF A CHANGE IN ACCOUNT WILL RESULT IN A
DELAY OF PAYMENT**