



**Direct Deposit Agreement Form**

**Oldham County Fiscal Court**

**Authorization Agreement**

I hereby authorize Oldham County Fiscal Court to initiate automatic deposits to my account at the financial institution named below. I also authorize Oldham County Fiscal Court to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Oldham County Fiscal Court responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Oldham County Fiscal Court receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the HR Department.

**Account Information**

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

**Account Information**

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

**Account Information**

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

**Signature**

Authorized Signature (Primary): \_\_\_\_\_ **Date:** \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please attach a voided check and return this form to the HR Department**