

Cancel on PR#:_____ Pre-note on PR#:_____ Deposit on PR#: _____

Employee Informati	tion Employee ID:	
Last Name, First Nam	me, Middle Initial Dept. #	
Social Security Num	nber Daytime Phone Number	
Social Security Null	Daytine Fione Fund	
Banking Information		
Please make a selection in <u>each</u> box below.		
Financial Institution:	Bank Name-	
	Credit Union Name	
Type of Account:	□ Checking Account (Attach Voided Check)	
	□ Savings Account (Attach Voided <u>Deposit Slip</u>)	
Amount of Deposit:	 Full Deposit <i>Note: If changing current Full Deposit, a cancellation form must</i> Partial Deposit of \$ 	be submitted

Depository Transit (Routing) Number

Account Number

I hereby authorize Fort Bend County Payroll to initiate credit entries to my account indicated above with the financial institution above. In the event of overpayment to my account, I authorize Fort Bend County Payroll to initiate a reversal entry to my account, upon proper notice to me of the adjustment.

This authorization is effective at such time as to allow Fort Bend County Payroll and my depository reasonable time to act on it. It is to remain in full force and effect until Fort Bend County Payroll has received written notification from me of its termination in such time and in such manner as to allow Fort Bend County Payroll and my depository reasonable opportunity to act on it.

IMPORTANT – BY SIGNING THIS AGREEMENT I AM CERTIFYING THAT I HAVE READ THE ATTACHED REGULATIONS RELATIVE TO DIRECT DEPOSITS.

Employee Signature

Date

*Behind this document, please attach a Voided Check or a document from the bank with the routing and account number. If you choose not to attach a voided check or document from the bank, it is your responsibility to verify the routing and account number.

> Please send this form to Payroll via email, fax, <u>or</u> interoffice: Email: payroll_department@fbctx.gov Fax #: 281-341-4567

If you have any questions regarding this form, please contact payroll_department@fbctx.gov