

**AUTHORIZATION FOR DIRECT DEPOSIT**

I authorize Cameron County and the financial institution listed below to initiate electronic entries to my:

\_\_\_\_\_ checking account                      \_\_\_\_\_ savings account

each payday.

This authority will remain in effect until I have cancelled it in writing.

_____ Employee's name	_____ Banking Institution
_____ Social Security Number	_____ Routing Number
_____ Signature	_____ Account Number
Date _____	

\*\*\*ATTACH PRE-ENCODED BANK VOIDED CHECK IF AVAILABLE\*\*\*

(Please fill out and return to the Payroll Department)

PLEASE ALLOW UP TO 30 DAYS FOR PAYROLL TO PROCESS DIRECT DEPOSIT REQUEST  
CHECK WITH YOUR BANKING INSTITUTION TO ASSURE FUNDS ARE AVAILABLE