



David B. Hooten

Oklahoma County Clerk

PAYROLL DIRECT DEPOSIT AUTHORIZATION CHANGE FORM

Name (please print): _____

Social Security Number: _____

Department: _____ Phone Number/Ext _____

INITIAL AUTHORIZATION TO DIRECT DEPOSIT

Mandatory for Oklahoma County Pay

1. Please attach a void check OR a letter for Direct Deposit from your financial institution(s) for routing and account numbers.
2. If no instruction is received, Payroll will direct deposit 100% net pay to a payroll debit card.
3. Deadline to ensure deposit to your bank is the 20th of the month.
4. IF you want to split your pay into multiple accounts, maximum 3, please designate below.

Bank name: _____ Amount: 100% ___ / \$ _____ checking ___ savings ___
 Bank name: _____ Amount: \$ _____ / Remaining ___ checking ___ savings ___
 Bank name: _____ Amount: \$ _____ / Remaining ___ checking ___ savings ___

AUTHORIZATION TO CHANGE DIRECT DEPOSIT

1. Please attach a void check OR a letter for Direct Deposit from your NEW financial institution.
2. Deadline to ensure change of direct deposit is the 20th of the month.

Effective date of requested change: _____

Current instructions on file that you want to change:

Bank name: _____ Amount: 100% ___ / \$ _____ checking ___ savings ___
 Bank name: _____ Amount: \$ _____ / Remaining ___ checking ___ savings ___
 Bank name: _____ Amount: \$ _____ / Remaining ___ checking ___ savings ___

New instructions:

Bank name: _____ Amount: 100% ___ / \$ _____ checking ___ savings ___
 Bank name: _____ Amount: \$ _____ / Remaining ___ checking ___ savings ___
 Bank name: _____ Amount: \$ _____ / Remaining ___ checking ___ savings ___

I hereby authorize Oklahoma County to deposit the net amount I am due any pay period into the account(s) indicated by the attached void check(s) or financial institution direct deposit letter(s). I also authorize my financial institution to credit the same to my account(s). In the event of an excess deposit, my financial institution is authorized to debit my account and return the excess amount to Oklahoma County. This authorization is to remain in effect until written notice of change from me.

Employee Signature: _____ Date: _____