

**HANCOCK COUNTY GOVERNMENT
DIRECT DEPOSIT AUTHORIZATION FORM**

I hereby authorize Hancock County Government to initiate deposit entries to my account indicated below and the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

Primary Account (Deposit Net Pay)	
_____ (Financial Institution Name)	
_____ (Routing Number)	_____ (Account Number)
Type of Acct: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Secondary Account (Deposit \$ _____)	
_____ (Financial Institution Name)	
_____ (Routing Number)	_____ (Account Number)
Type of Acct: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

This authority is to remain in full force and effect until Hancock County Government has received written notification from me of its termination in such time and manner as to afford Hancock County Government a reasonable opportunity to act on it.

(Print Individual Name)

(Signature)

(Date)

Send completed and signed form to payroll-benefits@hancockin.gov for processing.

Disclaimer: If your banking information, routing number or account number are incomplete or incorrect, you will not receive your deposit. It may take up to 7 days after the deposit date for our bank to inform us that your information is incorrect. You will not receive payment until a correction is made, which may be the next pay period.