

**Iredell County**  
**Employee Authorization for Direct Deposit of Payroll**

Full Name \_\_\_\_\_ Employee # \_\_\_\_\_ Date \_\_\_\_\_  
(Please print)  
E-mail address \_\_\_\_\_ Department \_\_\_\_\_

Your Direct Deposit Advice is delivered to you at the e-mail address listed above. This address can be changed in the Employee Self Service website. The delivery address will be your primary e-mail address. The password to open the attachment is the last four digits of your social security number.

*Instructions: You may have your pay deposited into as many as three (3) different banking accounts. The first account listed will be your primary account and 100% of your pay will be deposited into that account unless you add a second or third bank account. If you add a second or third bank account, we will deposit the indicated dollar amount into the additional accounts and then deposit 100% of your remaining pay into your primary account. Please attach a voided check to this form or a paper from your bank with your account number and routing number for each bank account. If you are selecting the PayPartners Master Card Debit Program as one of your bank accounts, please list PayPartners as the bank name and we will enter the account information for you.*

**Primary Bank** (100% of your pay will be deposited into this account unless you add a second or third bank account)

Initial Enrollment \_\_\_\_\_ or Change \_\_\_\_\_

Bank Name \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Bank Transit # \_\_\_\_\_ Account # \_\_\_\_\_

Checking Account     Savings Account     PayPartners Master Card

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**Second Bank** (please indicate the dollar amount you want deposited to this account)

Initial Enrollment \_\_\_\_\_ or Change \_\_\_\_\_

Bank Name \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Bank Transit # \_\_\_\_\_ Account # \_\_\_\_\_

Checking Account     Savings Account     PayPartners Master Card    Amount to be Deposited \_\_\_\_\_

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**Third Bank** (please indicate the dollar amount you want deposited to this account)

Initial Enrollment \_\_\_\_\_ or Change \_\_\_\_\_

Bank Name \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Bank Transit # \_\_\_\_\_ Account # \_\_\_\_\_

Checking Account     Savings Account     PayPartners Master Card    Amount to be Deposited \_\_\_\_\_

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*I hereby authorize my employer, Iredell County, to deposit my payroll directly into the above named account(s).*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

To be completed by Human Resources

Date Received \_\_\_\_\_ Date Entered \_\_\_\_\_ Entered By \_\_\_\_\_