

# AUTHORIZATION AGREEMENT FOR PAYROLL DIRECT DEPOSIT

**ALL FORMS MUST BE TURNED INTO THE AUDITOR'S OFFICE VIA WALK-IN, FAX (214-653-6471), OR INTER-OFFICE MAIL**

NAME: \_\_\_\_\_ EMPLOYEE ID#: \_\_\_\_\_ (REQUIRED)

DEPARTMENT: \_\_\_\_\_ DAYTIME PHONE NO.: \_\_\_\_\_ (REQUIRED)

**\*\*\*\*\*PLEASE NOTE ALL REQUIRED FIELDS NOT COMPLETE WILL DELAY PROCESSING!**

Dallas County employees may select up to three (3) financial institutions for payroll direct deposit. Please indicate your financial institution(s) and account type(s) below. **If you select multiple accounts, you must designate a percentage per account or a specific dollar amount.**

1. Depository Name \_\_\_\_\_ (Financial Institution)  
Account Type:  Checking  Savings  Percentage  Monetary

Transit/Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_

2. Depository Name \_\_\_\_\_ (Financial Institution)  
Account Type:  Checking  Savings  Percentage  Monetary

Transit/Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_

3. Depository Name \_\_\_\_\_ (Financial Institution)  
Account Type:  Checking  Savings  Percentage  Monetary

Transit/Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_

**PLEASE STAPLE VOIDED PERSONAL CHECK HERE.** If you do not have checks, or your direct deposit is going to a savings account, please have your financial institution provide you with a letter on their letterhead with your name, account number, and transit number. Please attach the letter here. Please do not send deposit slips as they often have incorrect information for direct deposit purposes.

## PLEASE READ THE FOLLOWING IMPORTANT INFORMATION:

1. Direct Deposit transactions are a matter between employees and their financial institution. All transactions are a part of the Federal Government's Automatic Clearing House (ACH) program, which guarantees only that an employee's funds will be credited to their account prior to 12:00 midnight on a specific payday. Transaction time of "hard posting" is actually a determination of the employee's bank and based on that determination payroll funds may not actually appear on the employee's bank credit balance until sometime the following day.
2. If a County Payday falls on a day that is a financial institution holiday that is not a Dallas County holiday, Payroll funds will generally not be credited until the next financial institution business day. Dallas County is under no liability for such transactions.
3. If an employee's direct deposit is reported to Dallas County from the Depository Bank as a rejection, that particular direct deposit will be terminated immediately. A hard copy check will be issued and mailed to the employee until necessary paper work is completed indicating the needed changes.
4. If an employee wishes to change financial institutions, or to change their account at their same institution, a minimum of 5 days written notice must be provided to the County Auditor's Office. Timely planning and notification is essential for proper payroll crediting.

I hereby authorize Dallas County to initiate credit entries and to initiate, if necessary, debit entries and/or adjustments for any credit entries in error to the financial institutions indicated above.

**This authority is to remain in full force and effect until the County Auditor has received written notification from me of its termination in such manner as to afford Dallas County and the Depository a reasonable opportunity to act on it. I agree to reimburse Dallas County immediately for any overpayment made to my account.**

**I HAVE READ, UNDERSTAND, AND ACCEPT THE ABOVE PROCEDURES AND DO HEREBY AGREE TO PARTICIATE IN THE DALLAS COUNTY PAYROLL DIRECT DEPOSIT PROGRAM UNDER THESE TERMS.**

Name: \_\_\_\_\_ Signature \_\_\_\_\_  
(please print)

Date: \_\_\_\_\_

**CASH PAY ACCOUNT HOLDERS**

I, \_\_\_\_\_, am unable to obtain a checking or savings account at a bank or credit union. Please enroll me for a Cash Pay account. I understand that the card needed to utilize this account will be mailed to my home and that this card is my responsibility to safeguard. I understand that the cost to replace this card is a minimum of \$10.00.

Please see my personal information below for enrollment purposes.

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
**(NO P.O. BOX NUMBERS)**

Date of birth: \_\_\_\_\_ Mother's maiden name: \_\_\_\_\_

Employee ID#: \_\_\_\_\_  
**(REQUIRED)**

Home Telephone No.: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please print)

Department: DALLAS COUNTY/\_\_\_\_\_ Job Title: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

County of Residency: \_\_\_\_\_

Signature: \_\_\_\_\_

**IF YOU WISH TO CANCEL YOUR CURRENT DIRECT DEPOSIT:**

Please cancel my direct deposit to \_\_\_\_\_ (financial institution)

Account No.: \_\_\_\_\_  
(please designate which account)

Name: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_

Employee ID#: \_\_\_\_\_  
**(REQUIRED)**

Daytime Phone No.: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE COUNTY AUDITOR'S OFFICE**