



Department of Human Resources

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

The county provides electronic funds transfer (EFT) for direct deposit of your biweekly pay into your financial institution account. All new employees are required to participate in direct deposit. Incorrect or incomplete information may prevent/delay the direct deposit of your pay into your checking or savings account. If your payroll transmission fails, the county cannot issue your pay until the funds are returned by your financial institution.

INSTRUCTIONS: Enrollment in direct deposit, complete this form and submit back to your hiring department. Changes to your direct deposit, complete this form and submit to the Department of Human Resources Payroll Division, Suite 270.

EMPLOYEE INFORMATION

Last Name First (M) Last Four Digits of SSN Personnel ID (PID)

Department Name Personnel Area Phone Number

A dishonest or misleading response to where funds will be routed may be considered falsification of records under the Standard of Conduct. In order to comply with electronic payment provisions of the U.S. law and the Office of Foreign Assets Control (OFAC), please declare the following:

My entire direct deposit amount will be ultimately routed to a financial institution **outside the U.S.** **NO** **YES**

BANK ACCOUNT INFORMATION

Primary Bank Account

Effective Date: _____ (Beginning of next PP)

Action to Take: (select one)

Type of Account: (select one)

Start Direct Deposit

Checking

Name of Bank: _____

Change

Savings

Routing Number: _____

Account Number: _____

2nd Bank Account

Effective Date: _____ (Beginning of next PP)

Action to Take: (select one)

Type of Account: (select one)

Cancel

Checking

Name of Bank: _____

Add/Change

Savings

Routing Number: _____

Account Number: _____

Deposit Amount: _____

3rd Bank Account

Effective Date: _____ (Beginning of next PP)

Action to Take: (select one)

Type of Account: (select one)

Cancel

Checking

Name of Bank: _____

Add/Change

Savings

Routing Number: _____

Account Number: _____

Deposit Amount: _____

I authorize the County of Fairfax, Virginia and the Depository listed above to deposit my net pay automatically into my account each payday. If funds to which I am not entitled are deposited in my account, I authorized the County to direct the bank to return those funds.

Employee Signature

Date