# ☑LINCOLN COUNTY

# Direct Deposit Authorization

I authorize the Human Resources Department and Lincoln County to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error each pay day to my:

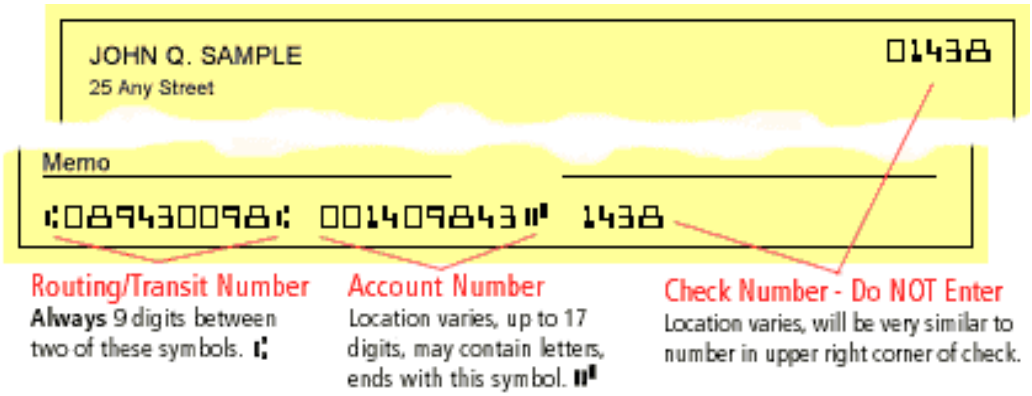
**Please Check One**

☐ Checking Account
☐ Savings Account

I understand that this authority will remain in effect until I cancel it in writing.

| | |
|---|---|
| **Name** (Please Print) | **Financial Institution** |
| **Signature** | **Office or Branch** |
| **Date** | **City, State** |

| | |
|---|---|
| **Transit/Routing (ABA) No.** | **Account Number** |




Please attach your voided check or savings deposit to the bottom of this page.