

DIRECT DEPOSIT AUTHORIZATION INSTRUCTIONS

Employees must use the County of Wayne Direct Deposit Authorization form to add, change or cancel a direct deposit distribution(s). Please read the form carefully, complete all required areas, and submit the form to Management & Budget Department—Payroll, 500 Griswold, 20th Floor M&B, Detroit MI 48226. Please call (313) 224-5124 if you have any questions relating to your direct deposit.

Direct deposit forms are processed daily. It takes at least two pay periods for a direct deposit request to process. The processing period includes a pre-notification period, which allows the financial institution time to contact the employer if any inconsistencies exist.

AUTHORIZATION

- ❑ Employees must sign and date the form. Please include your work number and an alternative contact number. If two signatures are required to withdraw funds from the account, the other individual(s) signature(s) are required.

PERSONAL INFORMATION

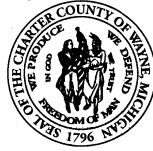
- ❑ Please clearly print your name, employee ID number and the last four digits of your social security number. Your employee ID number is located on your check stub or direct deposit notification form. Employees can contact their timekeeper to obtain their employee ID number. Failing to include the employee ID number will delay the processing of your request.

DISTRIBUTIONS

- ❑ The information in this section is required and must be precise. Therefore, consult with your financial institution to confirm the accuracy of the information before submitting the form. Any incorrect or missing information will delay the processing of the form and/or the successful transmission of your pay.
- ❑ Employees can select up to three distributions on the form. You must indicate a dollar amount to deposit into your account if selecting a fixed amount distribution. **Do not** indicate a percentage. The default option is the net pay if you select one distribution or the balance after all fixed amount allocations if you select multiple distributions.
 1. Select the option to add, change, or cancel a distribution.
 2. Select the account type (checking or savings). Please select checking if you are submitting funds to a money market savings account.
 3. Fill in the financial institution's name, routing number (nine digits), and your account number. The routing number and account number is located on the bottom of a check if you have a checking account. Make certain not to include the check number.
 4. Indicate which type of distribution you are requesting (default or fixed dollar amount). If you are making a change in a fixed amount distribution, please indicate the dollar amount to deposit.

County of Wayne

Robert A. Ficano
Wayne County Executive



Raymond J. Wojtowicz
Wayne County Treasurer

Direct Deposit Authorization

I authorize the Wayne County Treasurer to deposit my net pay, by direct deposit (electronic funds transfer) into the designated financial institution(s) and Account Number(s). I understand this authorization remains in effect until cancelled by: (a) me, (b) my death or legal incapacity, (c) Wayne County or (d) my separation.

I authorize Wayne County to recover money electronically deposited in my account(s) in error, by either adjusting or debiting the account(s), or withholding future payments.

I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations, and the State of Michigan's rules about electronic funds transfers, as they exist on this date or as subsequently adopted, amended or repealed. Michigan law governs electronic funds transactions authorized by this agreement in all respects except as otherwise superseded by federal law.

AUTHORIZATION (Signature Required)

Employee Signature	Date	Employee Work Number	Employee Home/Cell Number
Second Signature	Date	Work Number	Home Number

If more than one signature is required to authorize withdrawals of funds, all must sign this form before you submit it

PERSONAL INFORMATION (Please print clearly)

Name (last, first, middle)	Employee ID Number	Social Security (Last 4 digits)

DISTRIBUTION 1

Select Option	Account Information	Distribution Type
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Financial Institution: _____ Routing Number: _____ Account Number: _____	<input type="checkbox"/> Default <input type="checkbox"/> Fixed Amount \$ _____

DISTRIBUTION 2

Select Option	Account Information	Distribution Type
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Financial Institution: _____ Routing Number: _____ Account Number: _____	<input type="checkbox"/> Default <input type="checkbox"/> Fixed Amount \$ _____

DISTRIBUTION 3

Select Option	Account Information	Distribution Type
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Financial Institution: _____ Routing Number: _____ Account Number: _____	<input type="checkbox"/> Default <input type="checkbox"/> Fixed Amount \$ _____