

I request that my net pay be deposited at:

Name of Financial Institution

Transit Routing Number

Deposit to
Account #

- Checking
 Savings

Employee Number

Name (please print)

Department & Division

Allegheny County Work Location

Phone

Note: A **voided check** should be attached to this form. Please sign reverse side and return to the Allegheny County Treasurer's Office- Room 108 Courthouse

Authorization

Agreement

For

Direct

Deposit

I hereby authorize the direct deposit of my net pay by my employer in the account and financial institution indicated on the reverse side. Such direct deposit will be made on each succeeding payday, unless I choose to terminate this agreement in writing to my employer. Any such notification to my employer shall become effective following receipt, after a reasonable opportunity to act on it.

Employee Signature

Date