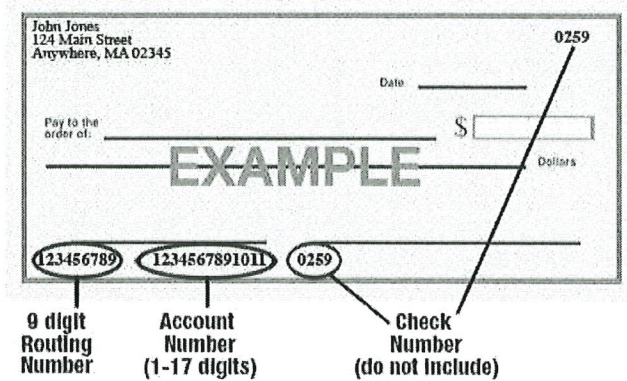


CSC of Eastern Hancock County Direct Deposit Authorization Form

Please print and complete ALL the information below.



Name of Bank: _____ **Account #:** _____

Routing # _____ **Type of Account:** Checking Savings (Circle One)

Amount: \$ _____ _____ % or Entire Paycheck

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Routing # _____ **Type of Account:** Checking Savings (Circle One)

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Routing # _____ **Type of Account:** Checking Savings (Circle One)

Amount: \$ _____ _____ % or Entire Paycheck

Please attach a voided check for each bank account to which funds should be deposited.

CSC of Eastern Hancock County is hereby authorized to directly deposit my pay to the account(s) listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Name (Print): _____ **Signature:** _____

Date: ____ / ____ / ____