

AUTOMATIC DEPOSIT AUTHORIZATION

I hereby authorize County of Imperial to initiate credits (and/or corrections to the previous credits) to the institution indicated below. The institution is authorized to credit and/or correct the amounts to my account.

Financial Institution(Bank, Savings & Loan, Credit Union)	Account No.	Type of Account Checking/Share Draft
Address	City	State, Zip Code

FINANCIAL INSTITUTION
ROUTING NUMBERS

ACCOUNT NUMBER INFORMATION

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NOTE: When completing account number information, insert a hyphen (-) for each Dash Cue Symbol (|) contained in the hold.

The authority is to remain in full force and effect until I revoke it in writing in such time (10 days) and such manner as to afford the institution a reasonable opportunity to act on it or upon termination of my employment from Imperial County. Upon cancellation NOTIFY PAYROLL in the Auditor-Controller Office.

Account Name	<i>Social Security No.</i>
Mailing Address	<i>City, State, Zip Code</i>
Employee Name (type or print)	<i>Date</i>
Authorizing Signature	

PLEASE ATTACH VOIDED CHECK

EMPLOYEE SIGNATURE