

FUND #: \_\_\_\_\_

**AUTHORIZATION FOR DIRECT DEPOSIT**

I authorize Cameron County and the financial institution listed below to initiate electronic entries to my:

\_\_\_\_\_ checking account                      \_\_\_\_\_ savings account

each payday.

This authority will remain in effect until I have cancelled it in writing.

_____ Employee's name	_____ Banking Institution
_____ County Employee I.D. Number	_____ Routing Number
_____ Signature	_____ Account Number
Date _____	

**\*\*\*ATTACH PRE-ENCODED BANK VOIDED CHECK \*\*\***

**DO NOT SUBMIT BANK DEPOSIT SLIPS**

**(Please fill out and return to the Payroll Department)**

**PLEASE ALLOW UP TO 30 DAYS FOR PAYROLL TO PROCESS DIRECT DEPOSIT REQUEST  
CHECK WITH YOUR BANKING INSTITUTION TO ASSURE FUNDS ARE AVAILABLE**