COUNTY OF WASHINGTON, VIRGINIA

COUNTY ADMINISTRATION BUILDING
1 GOVERNMENT CENTER PLACE, SUITE A
ABINGDON, VIRGINIA 24210

KATHY E. JOHNSON, PHR
DIRECTOR OF HUMAN RESOURCES

DEPARTMENT OF HUMAN RESOURCES

WASHINGTON COUNTY, VIRGINIA
AUTOMATIC PAYROLL DEPOSIT AUTHORIZATION

I authorize the County of Washington, Virginia to credit automatically to the accounts listed below all net pay amounts payable to me by the County. If funds to which I am not entitled are deposited to my account, I authorize the County to direct the Financial Institution to return said funds. This authority is to remain in effect until canceled in writing.

If I elect to have my net pay amount, payable to me by the County, automatically credited to more than one account, I understand that changes in net pay will be made to the primary account listed on this form.

Due to a test transaction being made to my deposit accounts, I will receive a check for the first payroll period following this authorization.

FINANCIAL INSTITUTION	TRANSIT ROUTING #	ACCOUNT #	ACCT* TYPE	AMOUNT PAY PERIOD
PRIMARY ACCOUNT:				
_____	_____	_____	____	Net Pay $ Less Below
Other Accounts:				
_____	_____	_____	____	$_____
_____	_____	_____	____	$_____
_____	_____	_____	____	$_____

*ACCT TYPE
1= Checking
2= Saving

(Please attach a void or canceled check for verification of transit routing # and banking account #.)

I understand that I must complete a new Automatic Payroll Deposit Authorization at least 30 days prior to closing or changing any accounts listed above. If I do not give adequate notice of such changes, I understand that I may not be paid amounts payable to me by the County when due.

I further understand that the direct deposit amounts listed above will occur each semi-monthly pay period.

_____
SIGNATURE

_____
DATE

276-525-1313 -TELEPHONE 276-525-1309 –TELE-FACSIMILE kjohnson@washcova.com-E-MAIL
WWW.WASHCOVA.COM