



## Direct Deposit Authorization or Declination

I, \_\_\_\_\_, wish \_\_\_\_\_ do not wish to participate in the Direct Deposit Program that Bonner County is offering to its employees.

My choice for participation is:

I choose not to participate in the Direct Deposit Program at this time.

My net pay check will be deposited into my checking account.

My net pay check will be deposited into my savings account.

With both accounts in the *same bank*, I wish to split my net pay check deposit in the following manner:

- My Primary Account shall be designated as my \_\_\_\_\_ Checking \_\_\_\_\_ Savings  
Routing and Account Number: \_\_\_\_\_
- My Secondary Account shall receive the sum of \$ \_\_\_\_\_ each and every pay period.  
Routing and Account Number: \_\_\_\_\_

With both accounts in *two different banks*.

- My Primary Account shall be designated as the \_\_\_\_\_ Checking \_\_\_\_\_ Savings account located at (Name of Bank): \_\_\_\_\_  
with the following routing and account number: \_\_\_\_\_
- My Secondary Account shall be designated as the \_\_\_\_\_ Checking \_\_\_\_\_ Savings account located at (Name of Bank): \_\_\_\_\_  
with the following routing and account number: \_\_\_\_\_  
My Secondary Account shall receive the sum of \$ \_\_\_\_\_ each and every pay period.

**(If participating, attach voided check or account information on financial institution's letterhead.)**

Direct Deposit authorization or declination will remain in effect until I choose to cancel or change it by written notification given to the Clerk's Payroll Officer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_