

VERMILION COUNTY, ILLINOIS
DIRECT PAY DEPOSIT
ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I hereby authorize Vermilion County to directly deposit my pay in the bank account(s) listed below in the amounts specified. I have attached a voided check for each account or verification on bank letterhead verifying the correct routing number and electronic account number, specified below. This authorization is to remain in force until the County has received written authorization from me of its termination or change.

Also, I hereby grant Vermilion County the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

EMPLOYEE INFORMATION

Name: _____
Address: _____
Phone Number: _____
Department: _____
Telephone Extension: _____
Signature: _____ Date: _____

FINANCIAL INFORMATION – ACCOUNT #1

Financial Institution: _____ Checking or Savings (Circle 1)
Address: _____
City, State, Zip Code: _____
Phone Number: _____
Account Number: _____ Routing Number: _____
Amount to be deposited in this account: _____

FINANCIAL INFORMATION – ACCOUNT #2

Financial Institution: _____ Checking or Savings (Circle 1)
Address: _____
City, State, Zip Code: _____
Phone Number: _____
Account Number: _____ Routing Number: _____
Amount to be deposited in this account: _____

FINANCIAL INFORMATION – ACCOUNT #3

Financial Institution: _____ Checking or Savings (Circle 1)
Address: _____
City, State, Zip Code: _____
Phone Number: _____
Account Number: _____ Routing Number: _____
Amount to be deposited in this account: _____