



Authorization Agreement for Direct Deposit of Payroll

I (we) hereby authorize **Yadkin County** hereinafter called COMPANY, to initiate credit entries or debit corrections to my (our) ☐ Checking ☐ Savings Account indicated below and the financial institution named below to credit the same to such account.

Financial Institution

City

State

Zip

Bank Transit/ABA

Account Number

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

Name (s)

Social Security/ID

Signature

Date

Attach a VOIDED Check for the account to be credited