

Employee Name: _____

Department Name: _____ Best Contact Phone #: _____

I hereby authorize Ramsey County and the financial institution(s) listed below to initiate electronic credit entries to the account(s) and in the amount(s) indicated below, and, if necessary, debit entries and/or adjustments for any credit entries in error, each payday. This authorization will remain in effect until I notify Ramsey County in writing to cancel it, in sufficient time as to afford Ramsey County a reasonable opportunity to act on it. If this is a change, I understand that any previous Direct Deposit authorizations are hereby revoked by the new Direct Deposit authorizations listed below.

- Enter bank information into the primary account box. This is the account for which the balance of net pay will be deposited – 100% of the net pay if no other account is provided for direct deposit or the remaining net pay balance if more than one bank account is listed.
- The second and third accounts may be used if additional bank accounts are requested to be used for deposit. The amounts must be whole, flat, dollar amounts or a percentage of net pay.
- If there is no bank account available for direct deposit, select the Focus Card. This option is only available to employees who do not have a bank account, and cannot be used as an additional bank account for partial deposits of payroll funds. This option will also be used if a direct deposit form is not returned within seven (7) days of hire.

Checking – Staple voided check(s) here.
Savings – Staple deposit/withdrawal slip(s) here.

Banking Information		TYPE OF ACTION
Primary Account	Name of Financial Institution & Branch: _____ Location (City & State): _____ Depository Transit Number (Routing Number) _____ Account #: _____ Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/> The net balance of your check will be deposited into this account.	<input type="checkbox"/> <u>NEW AUTHORIZATION</u> <input type="checkbox"/> <u>NO CHANGE</u> <input type="checkbox"/> <u>CHANGE</u> – Amount <input type="checkbox"/> <u>CHANGE</u> – Route/Acct # <input type="checkbox"/> <u>CHANGE</u> – Type of Acct <input type="checkbox"/> <u>CANCEL</u>
Second Account	Name of Financial Institution & Branch: _____ Location (City & State): _____ Depository Transit Number (Routing Number): _____ Account #: _____ Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/> <input type="checkbox"/> Dollar Amount to be Deposited each Payday \$_____.00 (whole dollars) <input type="checkbox"/> Net Pay Percentage to be Deposited each Payday _____ %	<input type="checkbox"/> <u>NEW AUTHORIZATION</u> <input type="checkbox"/> <u>NO CHANGE</u> <input type="checkbox"/> <u>CHANGE</u> – Amount <input type="checkbox"/> <u>CHANGE</u> – Route/Acct # <input type="checkbox"/> <u>CHANGE</u> – Type of Acct <input type="checkbox"/> <u>CANCEL</u>
Third Account	Name of Financial Institution & Branch: _____ Location (City & State): _____ Depository Transit Number (Routing Number): _____ Account #: _____ Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/> <input type="checkbox"/> Dollar Amount to be Deposited each Payday \$_____.00 (whole dollars) <input type="checkbox"/> Net Pay Percentage to be Deposited each Payday _____ %	<input type="checkbox"/> <u>NEW AUTHORIZATION</u> <input type="checkbox"/> <u>NO CHANGE</u> <input type="checkbox"/> <u>CHANGE</u> – Amount <input type="checkbox"/> <u>CHANGE</u> – Route/Acct # <input type="checkbox"/> <u>CHANGE</u> – Type of Acct <input type="checkbox"/> <u>CANCEL</u>
Focus Card*	A bank account is not available for direct deposit. Deposit entire pay check onto a Focus Payroll Card administered by US Bank. Once enrolled, this option may only be cancelled when a valid bank account is added for deposit.	<input type="checkbox"/> <u>NEW AUTHORIZATION</u> <input type="checkbox"/> <u>CANCEL</u>

*** If no bank account information is provided for direct deposit within seven (7) days of hire, you will be automatically enrolled in the Focus Payroll Card program administered by US Bank until such time as you provide checking or savings account information.**

I agree to, and have attached a voided check and/or savings account deposit/withdrawal document for each financial institution for which I have indicated electronic funds transfer shall be made, for the purpose of proper verification of the financial institutions' Depository Transit Number(s) and my individual account number(s). I further understand and agree that each account listed above has my name on it at that financial institution.

NOTE: The above information may contain data that is considered private under MN Statutes 13.04, but we will not be able to process this authorization without it.

Employee Signature

Date

Return this completed form to your Department HR/Payroll Contact