



## DIRECT DEPOSIT FORM - OTSEGO COUNTY

Name: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_

### Banking Information

**1:** Bank Name: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: Checking / Savings  
Amount: \_\_\_\_\_

**2:** Bank Name: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: Checking / Savings  
Amount: \_\_\_\_\_

**3:** Bank Name: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: Checking / Savings  
Amount: \_\_\_\_\_

**4:** Bank Name: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: Checking / Savings  
Amount: \_\_\_\_\_

I authorize the County of Otsego to deposit the net pay owed me by the County, by direct deposit (electronic funds transfer) into the designated financial institution and Account Number. I understand this authorization remains in effect until revoked (cancelled) by: (a) me, (b) my death or legal incapacity, (c) the financial institution, (d) the County of Otsego or (e) my separation. I authorize the County of Otsego to recover money electronically deposited in my account in error, either by adjusting or debiting the account, or withholding future payments. I understand I will be notified by the County of Otsego if adjustments or debits are being made. I consent to and agree to comply with the National Automated Clearing House Association Rules and regulations and the County of Otsego's rules about electronic funds transfers as they exist on this date or as subsequently adopted, amended or repealed. Michigan law governs electronic funds transactions in all respects except as otherwise superseded by federal law. If more than one signature is required to authorize withdrawals of funds, all must sign this form before submitted.

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