

Direct Deposit Authorization Form

LaSalle County Human Resources Dept

Employee Name: _____ Employee ID# _____

I hereby authorize direct deposit according to the above information.

Employee Signature

Date

Please attach a cancelled or voided check for each account.

Bank Name	Bank Number	C or S Type	Account Number	Amount
1.				\$
2.				\$
3.				\$

**** C FOR CHECKING ACCOUNT OR S FOR SAVINGS ACCOUNT.**

Accepted by the LaSalle County Human Resources Dept.

LaSalle County Payroll Supervisor

Date