

DIRECT DEPOSIT EMPLOYEE AUTHORIZATION
MORTON COUNTY

I authorize you and the financial institution(s) listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account each pay day. This authority will remain in effect until I have cancelled it in writing.

Please ask your payroll administrator for the date your direct deposit will become effective.

Employee Name	
Signature	Date

PLEASE PRINT

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