Rockwall County Direct Deposit Request Form

Eligibility

- 1. All employees who receive a bi-weekly paycheck
- 2. Copy of voided check, deposit set up form, or print out from online banking MUST be attached
- 3. Direct deposit may be split between accounts

Deposits

- 1. Direct Deposits will be sent as Prenote (test) on the next available payroll processing date
- 2. Direct Deposit should be in effect on the payroll after the Prenote unless the bank rejects the test file
- 3. On pay day, it is the Employee's responsibility to verify funds have been received in his/her account

Cancellations

- 1. Employee may cancel in writing at any time
- 2. Supervisor and/or treasurer may request cancellation for just cause

Closing Bank Account

- 1. Employee must notify Treasurer in writing at least <u>3 weeks</u> prior to closing a bank account to ensure proper disposition of his/her net pay
- 2. Treasurer accepts no fault or liability if account is closed without proper notification

Employee Name:	Date:	Dept:		
ATTACH A VOID COPY OF	TO BE COMPLETED BY EMPLO F CHECK, DIR DEP SET-UP FORM, OR		G PRINT OUT	
Bank Name:	Bank Phon	Bank Phone:		
Bank Routing #:	Bank Acco	Bank Account #		
Primary Account: ALL REMAINING	G Circle one:	Checking	Savings	
Bank Name:	Bank Phon	e:		
Bank Routing #:	Bank Acco	Bank Account #		
Amount:	Circle one	: Checking	Savings	
Bank Name:	Bank Phon	e:		
Bank Routing #:	Bank Acco	Bank Account #		
Amount:	Circle one	: Checking	Savings	
I (We) hereby authorize Rockwall Countinancial institution(s) listed above and authority will remain in effect until the	, if necessary, initiate adjustments for	any transactions of	credited in error. This	
Employee Signature:				
To be Completed by Treasurer St	aff			
Prenote pay date: Ef	fective Pay Date:			
Processed by:				

Form Revised: 5/2022