

St. Clair County Community Mental Health

About our Payroll Direct Deposit Program

Q. Can I deposit my payroll into my personal financial institution?

A. With your authorization we will deposit your payroll earnings into the financial institution of your choice

Q. How will I know the amount of the deposit?

A. Your ADP pay statement will reflect the net amount deposited to your account. The deposit will also appear on your bank statement.

Q. What if I do not have a bank account?

A. You must open a checking or savings account in the financial institution of your choice to enroll in direct deposit.

Q. Can I deposit my earnings into more than one financial institution?

A. Yes, you can have up to 5 checking accounts and 5 savings accounts. You will need to complete this form for each individual account.

Q. Can I deposit various amounts for individual accounts?

A. Yes, you can determine specific dollar amounts for each individual account and also determine which account will receive the remaining net pay.

Q. Can I change my deposit accounts and amounts?

A. Yes, by completing an authorization form indicating your new deposit information. Allow up to two pay periods for changes to be fully implemented.

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSITS

Please attach a void check or deposit slip

Employee Information

Employee # _____

Name _____
(As it appears on your bank account)

Address _____

Financial Institution Information

Financial Institution Name _____

Address _____

Financial Institution Telephone # _____

Routing # _____ Account# _____

Account Type: Savings _____ Checking _____ (Please check one)

Deposit \$ _____ Enter Net or a dollar amount

Authorization

I hereby authorize St. Clair County Community Mental Health to deposit my payroll earnings into the account(s) listed above and if necessary debit entries or adjustments for any deposits made in error to my (our) account. This authority will remain in full force and effect until written notice from me has been received by the company in such a manner as to afford reasonable time to act on it.

Signature _____ Date _____



In Office Use Only:

Verbal confirmation of banking information change by: _____ Date: _____

Chief Financial Officer: _____ Date: _____
