

**Douglas County Board of Commissioners**

8700 Hospital Drive

Douglasville, GA 30134

770-920-7268

CelebrateDouglasCounty.com

Direct Deposit Form

Douglas County Board of Commissioners

ID # 58-6000818

Employer/Company name

8700 Hospital Drive

Douglasville

GA

30134

Employer Address

City

State

Zip

Personal Information:

Name

Employee number

Address

City

State

Zip

Funds will be deposited into the account(s) and information stated below:

Account 1: Checking Savings Investment Account

Routing Number:

Account Number:

Amount:

 Net Pay % _____ Dollar Amount _____Account 2: Checking Savings Investment Account

Routing Number:

Account Number:

Amount:

 Net Pay % _____ Dollar Amount _____Account 3: Checking Savings Investment Account

Routing Number:

Account Number:

Amount:

 Net Pay % _____ Dollar Amount _____

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE DOUGLAS COUNTY BOARD OF COMMISSIONERS HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE DOUGLAS COUNTY BOARD OF COMMISSIONERS AND THE FINANCIAL INSTITUTION NAMED ABOVE A REASONABLE OPPORTUNITY TO ACT ON IT. IN ADDITION, I AUTHORIZE THE DOUGLAS COUNTY BOARD OF COMMISSIONERS TO MAKE CORRECTIONS TO THIS ACCOUNT WHEN NECESSARY.

Signature

Date

