SWEETWATER COUNTY

Direct Deposit Enrollment Form

This form is used for Direct Deposits to provide information to your financial institution. You must check with your financial institution to confirm that funds have been deposited.

Please check one of the following: ☐New ☐Change

EMPLOYEE INFORMATION

Name:	Sweetwater County Employee Number:
Current Mailing Address:	
Social Security Number:	Telephone Number:
County's Email Address:	

FINANCIAL INSTITUTION INFORMATION

Name:		
Address:		
Nine-digit Routing Transit Number:		
Account Number:		
Type of Account:	☐Checking	☐Savings
Amount: (check only one box)	☐Credit my entire net paycheck	☐Credit $ amount of my net pay _____

Authorize

I authorize Sweetwater County to initiate credit entries, and, if necessary, to initiate any debit entries to correct a previous credit error, to the account. In the event that Sweetwater County deposits funds erroneously into the account, I authorize Sweetwater County to debit the account for an amount not to exceed the original amount of the erroneous credit. The authorization is to remain in full force and effect until Sweetwater County has received written notice of its termination in such time and in such manner as to afford Sweetwater County and Depository reasonable opportunity to act on it.

Employee's Signature (required):	Date:

A voided check is recommended to be submitted with this form. A Social Security Number is required for employee verification. An email address is necessary to deliver the payroll advice to participate in this program.

Send this form and/or voided check to: Sweetwater County Attn: Payroll 80 West Flaming Gorge Way, Suite 150 Green River, WY 82935	**OR**	**Form and/or voided check image may be emailed to:** accounting@sweet.wy.us