********** PLEASE ATTACH A VOIDED CHECK **********

DIRECT DEPOSIT AUTHORIZATION

I authorize the Company and the Financial Institution listed below to credit automatically all net pay amounts payable to me by the Company. If funds to which I am not entitled are deposited to my account, I authorize the Company to direct the Financial Institution to return said funds. This authority is to remain in full force and effect until I/We notify the Company in writing of its termination in such manner as to afford the Company a reasonable opportunity to act on it.

Deposit Account (check one) Checking ☐ Savings ☐

County of Albemarle

Company

Deposit Account Number

Financial Institution

(Print) Person authorizing automatic deposit

City State

Signature

Social Security Number

Date

Print Reset Form