

**FRANKLIN REGIONAL COUNCIL OF GOVERNMENTS
DIRECT PAYROLL DEPOSIT**

New
Change
Cancel

I, _____, request and authorize my employer,
(print name)

_____ to make a direct deposit of the amount(s) designated to
(print entity name)

bank(s) listed below:

Bank Name: _____

Account:	Checking*	Acct. No. _____	Amt \$ _____
	Savings	Acct. No. _____	Amt.\$ _____
	Other	Acct. No. _____	Amt.\$ _____

**Please attach voided check or copy of check*

Bank Name: _____

Account:	Checking*	Acct. No. _____	Amt.\$ _____
	Savings	Acct. No. _____	Amt.\$ _____
	Other	Acct. No. _____	Amt.\$ _____

**Please attach voided check or copy of check*

I agree that if an unearned or erroneous payment is credited to my account by my employer, I will immediately notify and promptly repay the employer the full amount of such unearned or erroneous pay.

I understand that the employer reserves the right to reject my election of this method of payment or to cancel it at anytime. I have the right to cancel this agreement at anytime by written notice to my employer and I understand that it will take a reasonable period of time for the cancellation to be effective.

Cancellation: I wish to cancel my direct payroll deposit participation.

Employee Signature: _____ Empl. No. _____ Date: ___/___/___