

GOLIAD COUNTY
Direct Deposit Authorization Form

Eligibility

1. Be employed with Goliad County
2. Be a full time or regular part time employee
3. Must attach voided check

Deposits

1. Fed Wire deposits paychecks with an effective date the same as payday
2. Direct Deposit Request will be processed for prenote the next available payroll run
3. Direct Deposit should run the payroll after the prenote
4. **Employee** needs to verify with the bank that funds have been received

Cancellations

1. Employee may cancel in writing at anytime
2. Treasurer will cancel direct deposit when employee pay status includes
 - a. Any reduction of pay due to reprimand or excess use of leave available
 - b. FMLA Status
 - c. Worker's Compensation Status
 - d. Military Leave
3. If cancellation occurs, employee will not be able to re-apply for 3 months.

Close Bank Account

1. Employee must notify Treasurer in writing at least 2 weeks prior to account being closed
 2. If account is closed without proper notification and direct deposit is sent, a new check will not be issued until the receiving bank has returned the deposit through Fed Wire. This process can take 2 – 3 weeks.
-

I hereby authorize Goliad County to deposit by electronic transfer salary owed to me by the County of Goliad, and if necessary, debit entries and adjustments for any amounts deposited electronically in error. The County of Goliad shall deposit the payment in the financial institution and account designated below.

I consent to and agree to comply with the National Automated Clearing House Association rules and regulations and the county rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.

This authority is to remain in full force and effect until the Goliad County Treasurer's Office has received written notification from me of its termination in such time and in such manner as to afford Goliad County payroll personnel and depository a reasonable opportunity to act on it.

To Be Completed By Employee

Date: _____ Dept: _____ Employee (print) _____

Employee Signature: _____

Bank Name: _____ Bank Phone #: _____

Bank Account (Checking): _____ Bank ABA#: _____

*** Attach copy of Voided Check
