



DIRECT DEPOSIT AUTHORIZATION FORM

Use this form to:

Start or change direct deposit of your El Paso County pay into your checking or savings account.

Please read these important notes:

Requests must allow sufficient time for processing and bank pre-notification, and may not be effective for your next pay date. Late request may result in deposit to your existing account. We suggest leaving your old account open until deposit to your new account has occurred.

Once direct deposit has started, your deposit advice will be available through your Kronos. For instructions please click [here](#).

Please complete the form below and attach a voided check for checking accounts or savings deposit slip for savings accounts. Forms will not be processed without this information.

✂ Cut along dotted line and return completed form to El Paso County Auditors Office

		COUNTY OF EL PASO, TEXAS AUTHORIZATION AGREEMENT FOR DIRECT PAYROLL DEPOSITS		
I authorize the COUNTY OF EL PASO to credit my account with net payroll amounts to the depository named below. If the COUNTY OF EL PASO erroneously deposits funds into my account, I authorize the COUNTY OF EL PASO to initiate the necessary debit entries, not to exceed the total of the original amount erroneously credited for the current pay period. (PLEASE TYPE OF PRINT)				
DEPOSITORY NAME	<input type="checkbox"/> BANK	<input type="checkbox"/> SAVINGS AND LOAN	CITY	STATE ZIP CODE
	<input type="checkbox"/> CREDIT UNION	<input type="checkbox"/> OTHER		
TRANSIT/ABA NUMBER	<input type="checkbox"/> CHECKING ACCOUNT	<input type="checkbox"/> SAVINGS ACCOUNT	ACCOUNT NUMBER	
This authorization will remain in effect until the COUNTY OF EL PASO has received written notification from me that it is to be terminated in such time and manner for the COUNTY OF EL PASO to act on it.				
NAME(S)			SOCIAL SECURITY NO.	
ADDRESS	CITY	STATE	ZIP CODE	DAY TELEPHONE
SIGNATURE	DEPARTMENT		DATE	
WEB				

