

WEAKLEY COUNTY DEPARTMENT OF FINANCE AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSIT



Please follow these important (4) steps:

- 1.) Print in ink, complete all blanks and checkboxes
- 2.) Attach a voided check
- 3.) Sign and date at the bottom of the form
- 4.) Return form to the Department of Finance

PLEASE REMIT FORM TO:
Weakley County Department of Finance
8319 Highway 22, Suite B
Dresden, TN 38225

Are you currently drawing a Tennessee Consolidated Retirement check? **Yes** or **No**

Is this is a New Setup or a Change? **New Setup** **Change**

Personal Information

NAME:

SOCIAL SECURITY NUMBER:

Bank Information

BANK NAME:

ROUTING NUMBER:

CHECKING ACCOUNT #:

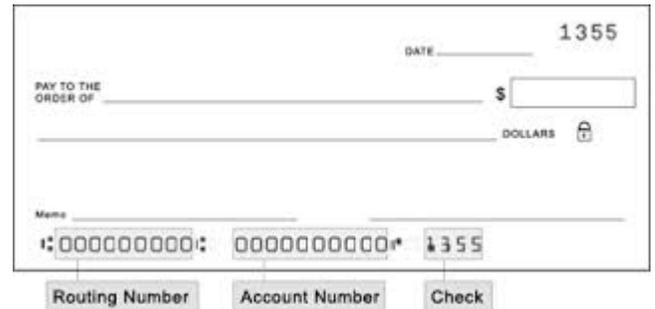
AND/OR SAVINGS ACCOUNT #:

PREVIOUS BANK (CHANGE ONLY):

ATTACH VOIDED CHECK HERE

or

**See sample at right for assistance finding your
Routing Number, Account Number, and Check Number.**



Please Read and Sign Before Submitting

CANCELLATION/CHANGE OF ACCOUNT

The agreement represented by this authorization remains in effect until canceled in writing by the payee or until the program is suspended or terminated by Weakley County. Payments to you will be deposited into the account designated above until the Weakley County Department of Finance is notified in writing that you wish to cancel this authorization or designate a different Financial Institution or account. Six to ten business days are needed to execute your instructions. To make any changes, submit a new form with the updated information. If any action or inaction taken by the payee results in non-acceptance of an EFT deposit by the designated Financial Institution, payee acknowledges that Weakley County has no responsibility to issue another payment until the funds for the non-accepted deposit are returned to Weakley County by the Financial Institution. If non-acceptance by the Financial Institution is the result of action or inaction taken by the payee, late fees and penalties including consequential damages caused by this non-acceptance do not apply. **PLEASE DO NOT CLOSE YOUR ACCOUNT UNTIL ONE WEEK AFTER NOTIFYING THE WEAKLEY COUNTY DEPARTMENT OF FINANCE.** I certify that I have read and understand the information listed above. I authorize Weakley County to deposit payments to my account as designated; I certify that I am authorized to enter into this agreement.

Signature:

Date:

E-mail Address:

Telephone: