

Lee County – Clerk of Courts, Florida  
Payroll Office

***DIRECT DEPOSIT AUTHORIZATION AGREEMENT***

I hereby authorize the *PAYROLL OFFICE* to deposit my pay into the Depository Bank and account number listed below. I also authorize the *PAYROLL OFFICE* to deduct any bank charges incurred due to my failure to notify them of changes made in the status of my account. (i.e., changing banks or account numbers, closing the account) If an error occurs and the amount deposited into my account is incorrect, the *PAYROLL OFFICE* will notify me and will make every effort to correct the shortage/overage as soon as possible.

(Please print all information except signature)

DEPOSITORY BANK NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BANK TRANSIT NO.: \_\_\_\_\_ ACCT. NO.: \_\_\_\_\_

CHECKING

or

SAVINGS

This authority is to remain in effect until the *PAYROLL OFFICE* has received written notification from me to terminate this agreement. Written notice shall be submitted to the *PAYROLL OFFICE* in a timely manner as to allow a reasonable time to act on it.

DIVISION/DEPARTMENT: \_\_\_\_\_

NAME: \_\_\_\_\_ SOC. SEC. NO.: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: Attach a **VOIDED BLANK CHECK** (for checking account) or **SAVINGS ACCOUNT DEPOSIT SLIP** (for savings account) to validate account information.

**ATTACH VOIDED BLANK CHECK  
OR DEPOSIT SLIP HERE**

**1 2 6 8 0 0 0 8 4 8 | 0 8 0 2 0 0 8 2 1 7 0 | 0 8 1 1 |**

| **Bank Transit No.** |

**Account No.**

| **Check No.**|