

NESHOBA COUNTY BOARD OF SUPERVISORS

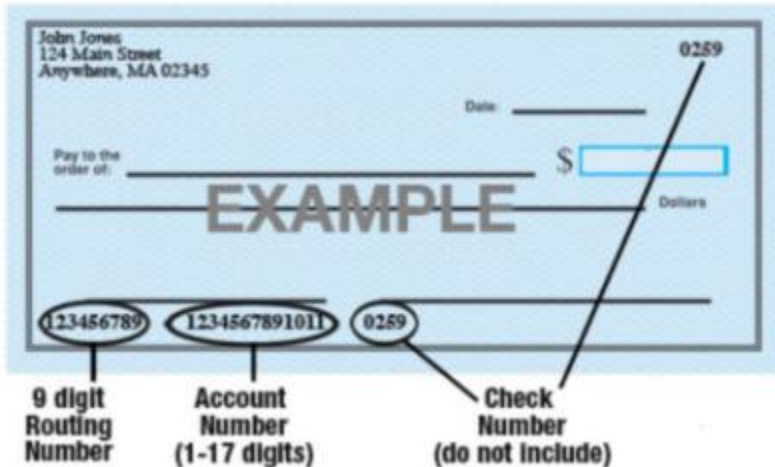
Direct Deposit Authorization Form

Please print and complete all of the information below to sign-up for and authorize direct deposit of your payroll check from Neshoba County.

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: Checking Savings

Please attached a voided check for the bank account to which funds should be deposited.

Neshoba County is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____

Date: _____