

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSIT(S)



Agency: _____ Oracle ID# _____ Effective Date: _____

Employee Name: _____ Social Security #: _____ (last 4 digits only)

I hereby authorize the LUCAS COUNTY AUDITOR to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account(s) listed below.

For the **BALANCE OF CHECK:**

Financial Institution Name: _____ ☐ New ☐ Change ☐ Cancel ☐ Replace

Routing #: _____ Account #: _____
(9-digit number at the bottom left of your check)

Type of Account ☐ Checking ☐ Savings (If you are placing the balance in TMFCU, please use the space below)

Financial Institution Name: Toledo Metro Federal Credit Union (TMFCU) ☐ New ☐ Change ☐ Cancel ☐ Replace

Routing #: 241282506 Acct #: _____ Amount: \$ _____
(If full deposit, please write "balance" above)

For additional **PARTIAL DEPOSITS** (up to 4 are allowed):

Financial Institution Name: _____ ☐ New ☐ Change ☐ Cancel ☐ Replace

Routing #: _____ Account #: _____

Amount: \$ _____ Type of Account: ☐ Checking ☐ Savings

Financial Institution Name: _____ ☐ New ☐ Change ☐ Cancel ☐ Replace

Routing #: _____ Account #: _____

Amount: \$ _____ Type of Account: ☐ Checking ☐ Savings

Financial Institution Name: _____ ☐ New ☐ Change ☐ Cancel ☐ Replace

Routing #: _____ Account #: _____

Amount: \$ _____ Type of Account: ☐ Checking ☐ Savings

Financial Institution Name: _____ ☐ New ☐ Change ☐ Cancel ☐ Replace

Routing #: _____ Account #: _____

Amount: \$ _____ Type of Account: ☐ Checking ☐ Savings

IMPORTANT: Attach a voided check or printed bank verification for any NEW account(s) listed above.

This authority is to remain in full force until the Lucas County Auditor has received **written notification** from me of its termination. I will submit the notification in a timely manner to afford the Lucas County Auditor and the financial institution(s) a reasonable opportunity to act on it. I will notify my department's Payroll office **IMMEDIATELY** in the event of a payroll calculation error. I will repay Lucas County for any overpayments that may be credited to my account(s)

☐ **IAT Transaction. Check this box to indicate this transaction is a debit or credit entry that is part of a payment transaction involving a financial office that is not located in the territorial jurisdiction of the United States.**

Employee Signature _____ Date: _____

(For payroll use only) Date entered: _____ Initials: _____

Revised 4/5/2023