



Trusted name. Accountable service.

Authorization Agreement for Automatic Payroll Deposit(s)

L.C. Agency: _____ Oracle ID #: _____ Effective Date: _____

Employee Name: _____ Last 4 of Social Security Number: _____

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 THE CHECK:

Financial Institution Name: _____ <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel <input type="checkbox"/> Replace Routing #: _____ Account #: _____ Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings (if you are placing the balance in TMFCU, please use the space below)
Financial Institution Name: Toledo Metro Federal Credit Union (TMFCU) <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel <input type="checkbox"/> Replace Routing #: 241282506 Savings Account #: _____ Amount: _____ (If full deposit, please write "balance")

FOR ADDITIONAL PARTIAL DEPOSITS: (up to 4 are allowed)

Financial Institution Name: _____ <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel <input type="checkbox"/> Replace Routing #: _____ Account #: _____ Amount: _____ Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Financial Institution Name: _____ <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel <input type="checkbox"/> Replace Routing #: _____ Account #: _____ Amount: _____ Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Financial Institution Name: _____ <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel <input type="checkbox"/> Replace Routing #: _____ Account #: _____ Amount: _____ Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Financial Institution Name: _____ <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel <input type="checkbox"/> Replace Routing #: _____ Account #: _____ Amount: _____ Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> 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 _____

Date processed by Payroll Department: _____ Initials: _____

Revised: 03/04/2026