

*Westmoreland
County*

Payroll Direct Deposit Authorization Form

Controller's Office
2 N. Main St., Suite 111
Greensburg, PA 15601

Phone: 724-830-3113

This form must be hand delivered or sent to Payroll through inter-office mail.

Employee Name: _____

Last 4 digits of SSN: _____ Phone: _____ Dept.: _____

Last 4 digits of your Social Security number is required before changes will be made to your Direct Deposit.

You will receive a paper check until your new banking information has been verified.

Financial Institution:

Name: _____

City: _____ State: _____ Zip: _____

I hereby authorize Westmoreland County to deposit my net check directly to my (please check one):

Checking Account

OR

Savings Account

Routing No. _____ Account No. _____

I authorize Westmoreland County to initiate credit or debit entries to my account with the Financial Institution indicated above. The authorization will remain in effect until Westmoreland County has received written notification from me of its termination in such time and in such manner to afford Westmoreland County a reasonable opportunity to act on it. Do not close your account without giving the Payroll office two weeks prior notice. Please confirm receipt of your direct deposit before writing check on these funds, Westmoreland County will not be responsible for any bank fees incurred. Westmoreland County reserves the right to issue a paper check at any time without notice. **Original signature is required.**

Employee Signature _____ Date _____

See the sample check below to help locate your 9 digit routing number and your bank account number:

U.S. Checks

PAY TO	DATE	1001
THE ORDER OF	\$	
YOUR FINANCIAL INSTITUTION		DOLLARS
BANK ADDRESS		
BANK CITY, STATE, ZIP		
BANK PHONE		
FOR		
⑆123456789⑆	0123456789012	1001

Bank Routing Number Bank Account Number