

ELECTRONIC DEPOSIT AUTHORIZATION

START	
CHANGE	
CANCEL	

I hereby authorize COUNTY OF MARIN to initiate deposits (credits) and/or corrections to the previous credits to the financial institution indicated. The financial institution is authorized to credit and/or correct the amounts to my account. This authority is to remain in full force and effect until either I revoke it by giving 10 days prior written notice to the company designated above, or, in the case of payroll deposits, upon termination of my employment with such employer.

CHECKING/SHARE DRAFT

SAVINGS

FINANCIAL INSTITUTION
(Bank, Savings & Loan, Credit Union)

Individual's Signature

Date

Individual's Name

Social Security Number

IMPORTANT

For deposit to a checking/share draft or savings account, please attach a **voided** check to this form

Address

Department

Day Time Phone Number

STAPLE YOUR VOIDED BLANK CHECK IN THIS SPACE

Jane Doe
1 Any Street
Anywhere, USA

Pay to the order of _____

YOUR BANK
ANYWHERE, USA

1078

00-0
0000

\$

_____ dollars

00000000000000000000 0000 00 00000000

VOID

RETURN COMPLETED FORM TO:

**AUDITOR-CONTROLLER
ROOM 219 - PAYROLL DIVISION
3501 CIVIC CENTER DRIVE
SAN RAFAEL, CA 94903**