

**LAKE COUNTY GOVERNMENT
BOARD OF COUNTY COMMISSIONERS**

DIRECT DEPOSIT

I hereby authorize the Lake County Board of County Commissioners, hereinafter called BCC, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) :

_____ Checking _____ Savings Account
(select one, if two accounts are to be credited, then complete two forms)

indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository

Name: _____ Branch: _____
City: _____ State: _____ Zip _____
Transit/ABA No.: _____ Account No.: _____
Check here if this institution is to receive the net _____.

If this institution is to receive a designated amount enter amount here \$ _____.
If this is a change from the last dollar amount, check here

This authority is to remain in full force and effect until BCC has received written notification from me of its termination in such time and such manner as to afford BCC and DEPOSITORY a reasonable opportunity to act on it. I understand that it will require **30 days** notice to change or stop this authorization.

Employee's Printed Name: _____

Employee's Social Security Number: _____

Signed: _____ Date: _____

A COPY OF YOUR VOIDED CHECK IS REQUIRED

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Direct_Deposit_Form.doc

Your Name	xx-xxx/xxx	Check No.
Your Phone No.	Branch-xxx	XXX
Your Address		
Your Address	_____	19
Pay to the order of _____		\$ _____
		Dollars
Bank Name _____		
For _____		
:063102152 :1263456789012		

Number	Transit/ABA Number	Account
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