

UPSHUR COUNTY

DIRECT DEPOSIT CHANGE FORM

EMP. NAME: _____ EMP. ID # _____

ADD CANCEL CHECKING SAVINGS AMT \$ _____

FINANCIAL INSTITUTION: _____

ACCOUNT # _____ ROUTING # _____

ADD CANCEL CHECKING SAVINGS AMT \$ _____

FINANCIAL INSTITUTION: _____

ACCOUNT # _____ ROUTING # _____

ADD CANCEL CHECKING SAVINGS AMT \$ _____

FINANCIAL INSTITUTION: _____

ACCOUNT # _____ ROUTING # _____

ADD CANCEL CHECKING SAVINGS AMT \$ _____

FINANCIAL INSTITUTION: _____

ACCOUNT # _____ ROUTING # _____

PLEASE NOTE ANY SPECIAL CHECKS (I.E., ACCOUNTS PAYABLE, HEALTH, ETC.) WILL NOT BE DIRECT DEPOSITED IN YOUR ACCOUNT.

I UNDERSTAND THAT UPON MY TERMINATION MY DIRECT DEPOSIT WILL BE STOPPED AND I WILL RECEIVE AN ACTUAL CHECK ON MY LAST PAYDAY.

I am authorizing UPSHUR COUNTY to change my direct deposit.

SIGN _____ DATE _____

Please attach deposit slip or voided check