

PAYROLL SAVINGS PLAN AUTHORIZATION FORM

GEAUGA COUNTY AUDITOR/PAYROLL OFFICER

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL SAVINGS PLAN

I hereby authorize THE COUNTY OF GEAUGA to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account or accounts listed below with regard to the direct deposit of payroll savings plan dollars.

1	BANK NAME, BRANCH NAME	TRANSIT/ ROUTING #	ACCOUNT #	
			ACCOUNT TYPE	AMOUNT TO DEPOSIT
	TreasuryDirect	0 5 1 7 3 6 1 5 8	<input type="checkbox"/> 22 checking	\$ _____ *
2	BANK NAME, BRANCH NAME	TRANSIT/ ROUTING #	ACCOUNT #	
			ACCOUNT TYPE	AMOUNT TO DEPOSIT
	TreasuryDirect	0 5 1 7 3 6 1 5 8	<input type="checkbox"/> 32 Savings	\$ _____ *

I have fully read and agree to the following terms of Payroll Savings Plan Direct Deposit:

- I take full responsibility for any mis-direction of funds due to changes in bank account information; such as, closing of an account, incorrect account numbers, incorrect transit/routing numbers, etc.
- I take full responsibility in assuming any fees incurred by THE COUNTY OF GEAUGA as a result of any mis-direction of funds due to changes in my bank account information; such as, closing of an account, providing incorrect account number, incorrect transit/routing numbers, etc.

This authority is to remain in full force until THE COUNTY OF GEAUGA has received written notification from me of its termination in such timely manner as to afford THE COUNTY OF GEAUGA and HUNTINGTON BANK a reasonable opportunity to act on it.

NAME _____ SS# _____

(please print)

DEPARTMENT _____ PHONE _____ EXT _____

SIGNATURE _____ DATE _____