



**David B. Hooten**  
Oklahoma County Clerk

**PAYROLL DIRECT DEPOSIT AUTHORIZATION CHANGE FORM**

Name : \_\_\_\_\_

SSN : \_\_\_\_\_

Department : \_\_\_\_\_

Phone Number/Ext : \_\_\_\_\_

**INITIAL AUTHORIZATION TO DIRECT DEPOSIT**

Mandatory for Oklahoma County Pay

1. Please attach a void check OR a letter for Direct Deposit from your financial institution(s) for routing and account members.
2. If no instruction is received, Payroll will direct deposit 100% net pay nto a payroll debit card.
3. Deadline to ensure deposit to your bank is the 15th of the month.
4. IF you want to split your pay into multiple accounts, maximum 3, please designate below.

Bank name: \_\_\_\_\_ Amount: 100% \_\_\_\_ / \$ \_\_\_\_\_ checking savings

Bank name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ / Remaining checking savings

Bank name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ / Remaining checking savings

**AUTHORIZATION TO CHANGE DIRECT DEPOSIT**

1. Please attach a void check OR a letter for Direct Deposit from your NEW financial institution.
2. Deadline to ensure change of direct deposit is the 15th of the month.

Effective date of requested change: \_\_\_\_\_

Bank name: \_\_\_\_\_ Amount: 100% \_\_\_\_ / \$ \_\_\_\_\_ checking savings

Bank name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ / Remaining checking savings

Bank name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ / Remaining checking savings

***New Instructions:***

Bank name: \_\_\_\_\_ Amount: 100% \_\_\_\_ / \$ \_\_\_\_\_ checking savings

Bank name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ / Remaining checking savings

Bank name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ / Remaining checking savings

I hereby authorize Oklahoma County to deposit the net amount I am due any pay period into the account(s) indicated by the attached void check(s) or financial institution direct deposit letter(s). I also authorize my financial institution to credit the same to my account(s). In the event of an excess deposit, my financial institution is authorized to debit my account and return the excess amount to Oklahoma County. This authorization is to remain in effect until written notice of change from me.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_