



**DEPARTMENT OF FINANCE  
AUDITOR-CONTROLLER  
COUNTY OF MONO**

Kimberly Bunn  
Assistant Finance Director  
Auditor-Controller

Janet Dutcher, CPA, CGFM  
Director of Finance

P.O. Box 556  
Bridgeport, California 93517  
(760) 932-5490  
Fax (760) 932-5491

**DIRECT DEPOSIT AUTHORIZATION AGREEMENT**  
**BI-WEEKLY PAYROLL**

I HEREBY AUTHORIZE MONO COUNTY, HEREAFTER CALLED COMPANY, TO INITIATE CREDIT ENTRIES AND TO INITIATE, IF NECESSARY, DEBIT ENTRIES AND ADJUSTMENTS FOR ANY CREDIT ENTRIES IN ERROR TO MY ACCOUNT INDICATED BELOW AT THE DEPOSITORY NAMED BELOW (BANKING INSTITUTION) TO CREDIT AND DEBIT THE SAME ENTRIES TO SUCH ACCOUNT.

BANKING INSTITUTION: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCT# \_\_\_\_\_ ROUTING# \_\_\_\_\_

**IF REQUESTING A FLAT AMOUNT (26 PAYROLLS/YR) TO BE DEPOSITED PLEASE STATE THE AMOUNT HERE \$ \_\_\_\_\_**

**\*\*\*PLEASE ATTACH A VOIDED CHECK FOR CHECKING ACCOUNTS AND A DEPOSIT SLIP FOR SAVINGS ACCOUNT\*\*\***

**THIS IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL COMPANY HAS RECEIVED WRITTEN NOTIFICATION FROM ME ON ITS TERMINATION IN SUCH TIME AND SUCH MANNER AS TO AFFORD COMPANY A REASONABLE TIME TO ACT ON IT.**

**NAME: \_\_\_\_\_ EMPLOYEE NUMBER: \_\_\_\_\_**

**SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**