



ENROLLMENT

I, _____, hereby authorize Madison County to direct deposit my payroll check in the following account that I have specified by attaching a voided check where indicated.

CHECKING

SAVINGS

Financial Institute Name: _____

Account # : _____

Routing # : _____

CANCELLATION

I, _____, hereby authorize Madison County to cancel direct deposit from my payroll check in the following account that I have specified.

CHECKING

SAVINGS

Financial Institute Name: _____

Account # : _____

Routing # : _____

Employee signature: _____

Date: _____