

AIKEN COUNTY GOVERNMENT

828 Richland Avenue, West
Aiken, South Carolina 29801
803-642-1552/1555

DIRECT DEPOSIT AUTHROIZATION

Last Name

First Name

Initial

Employee Number

Social Security Number

Bank Name and Branch

Bank Account Number

ACCOUNT TYPE:

_____ **Checking** _____ **Savings**

AUTHORIZATION FOR PAYROLL DEDUCTION

_____ I hereby request and authorize the sum of \$ _____ from my
paycheck each pay period the sum directly into bank account named above.

AUTHORIZATION FOR DIRECT DEPOSIT

_____ I hereby request the deposit of my entire paycheck into the above named account on every
pay period. I authorize Aiken County Government and First Citizens Bank to withdraw any funds
deposited into my account in error.

**CANCELLATION OF AUTHORIZATION FOR PAYROLL DEDUCTIONS OR
DIRECT DEPOSIT**

_____ I hereby cancel the authorization for payroll deduction/direct deposit previously submitted.

Employee's Signature

Date

**Note: For direct deposit --- Please attach a voided check to this form to expedite
this process. Please use one form per account.**