



PLEASE RETURN HARDCOPY APPLICATION TO
WESTCHESTER COUNTY DEPARTMENT OF FINANCE
148 MARTINE AVE, ROOM 730, WHITE PLAINS, NY 10601
APPLICATION FOR DIRECT DEPOSIT

I hereby authorize and request Westchester County (Federal Identification Number 136007353), to initiate credit entries, and adjustments for any credit entries in error to my account in the financial institution named below. These credits will be made periodically. As such amounts become payable without any further authorization from me.

I further authorize and request my financial institution to accept any credit entries initiated by Westchester County to such account and to credit the same account without responsibility for the correctness thereof or for the existence of any further authorization relating there to:

NAME OF FINANCIAL INSTITUTION _____

ADDRESS _____

ACCOUNT *BANK CHECKING ____ SAVINGS ____ OTHER CHECKING ____

EMPLOYEE'S ACCOUNT NUMBER _____

9 DIGIT ROUTING NUMBER _____ (VERY IMPORTANT)

***ATTACH A VOIDED BLANK CHECK FROM YOUR BANK CHECKING ACCOUNT IF AVAILABLE**

***FOR SAVINGS ACCOUNTS, CREDIT UNIONS, CASH MANAGEMENT OR NOW ACCOUNTS, PLEASE CONTACT THE FINANCIAL INSTITUTION FOR THE CORRECT ACCOUNT NUMBER AND 9 DIGIT ROUTING NUMBER ALSO ASK IF THE ACCOUNT SHOULD BE CODED SAVINGS OR CHECKING.

This authority is to remain in full force until the Westchester County Finance Department has received written notification from me of its termination or modification in such time and in such manner as to afford Westchester County a reasonable opportunity to act upon it.

EMPLOYEE NAME _____

WORK PHONE NUMBER _____ DATE _____

SOCIAL SECURITY NUMBER _____

EMPLOYEE SIGNATURE _____

****CONTACT THE FINANCE DEPARTMENT BEFORE CLOSING YOUR ACCOUNT 995-4715**

THIS SECTION TO BE COMPLETED BY THE FINANCE DEPARTMENT :

ENTERED BY _____ DATE _____