



**Ware County Board of Commissioners**  
**Direct Deposit of Payroll Check**  
**Authorization Form**



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

Social Security Number: \_\_\_\_\_

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

**Please type or print the following information:**

**If you would like to have your entire NET CHECK deposited into one bank, write the words “NET CHECK” in the Amount of Deposit column of Bank 1.**

**If you would like to split your net payroll check among several banks, fill in the amount that you would like to have deposited in each bank.**

**Check this box if you want a part of your check deposited to bank account(s) and you would like to receive the balance of your payroll check in a “regular payroll check”.**

**Please attach a voided check.**

|        | BANK NAME | ACCOUNT NUMBER | AMOUNT OF DEPOSIT |
|--------|-----------|----------------|-------------------|
| Bank 1 |           |                |                   |
| Bank 2 |           |                |                   |
| Bank 3 |           |                |                   |
| Bank 4 |           |                |                   |
| Bank 5 |           |                |                   |
| Bank 6 |           |                |                   |

\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**DATE**