

# Guadalupe County Treasurer's Office

Attn: Payroll Department  
307 W. Court Street, Ste 206  
Seguin, TX 78155



## Direct Deposit Agreement Form

### Authorization Agreement

I hereby authorize **Guadalupe County** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Guadalupe County** to initiate credit entries and to initiate, if necessary, debit entries and/or adjustments for any credit entries in error to the financial institutions indicated below.

Further, I agree not to hold **Guadalupe County** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. I agree to reimburse **Guadalupe County** immediately for any overpayment made to my account.

This agreement will remain in full force and effect until **Guadalupe County Treasurer's Office** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department. **Please attach a voided personal check or a letter from your Financial Institution with your name, account number and routing number.**

### Account Information

#### Primary

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

**A primary account amount  
specification is not required.**

Account Number: \_\_\_\_\_

Checking

Savings

### Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

**Amt: \$** \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

### Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

**Amt: \$** \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

### Signature

Employee Name (Print) : \_\_\_\_\_ Employee # \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_