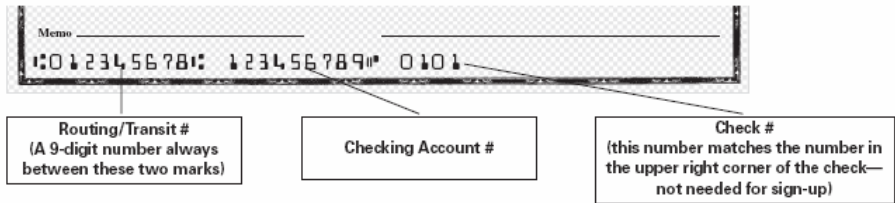




Payroll Manager – Complete this section and enter data into your ADP Payroll system for employee Direct Deposit enrollment. Clark County Fire & Rescue Company Code: C5Z		
Employee File No.	Payroll Mgr Name	Payroll Mgr Signature

Direct Deposit is an option for all Clark County Fire & Rescue paid personnel. Please fill out this form and return it to the Human Resource department. Attach a voided check or void a photocopy of a blank check for each checking account – do not attach a deposit slip. If depositing to a savings account, ask your bank for the Routing/Transit Number (RTN) for your account. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



Important! Please read and sign before completing and submitting.

I hereby authorize Clark County Fire & Rescue (hereinafter “Employer”) to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter “Bank”) indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer to my account. In the event that Employer deposits funds erroneously into my account, I authorize Employer to debit my account for an amount not to exceed the original amount of the erroneous credit. I understand that posted errors or delays in crediting my account caused by me or my Bank are not the responsibility of Employer. This authorization supersedes all previous forms and will remain in effect until Employer and Bank have received written notice from me of its termination or amendment in such time and manner as to afford Employer and Bank reasonable opportunity to act on it.

Employee Name	- - Social Security No.
Employee Signature	Date

Account Information

The last item must be for the remaining amount owed to you. Distributions are limited to three accounts. **Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.**

1. Bank Name/City/State:	Routing/Transit #:	Account Number:
-----		-----
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	I wish to deposit: \$ _____	<input type="checkbox"/> Entire Net Amount
2. Bank Name/City/State:	Routing/Transit #:	Account Number:
-----		-----
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	I wish to deposit: \$ _____	<input type="checkbox"/> Entire Net Amount
3. Bank Name/City/State:	Routing/Transit #:	Account Number:
-----		-----
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	I wish to deposit: \$ _____	<input type="checkbox"/> Entire Net Amount

ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using Direct Deposit, and for two years thereafter.