



**TO BE COMPLETED BY EMPLOYEE – PLEASE TYPE OR PRINT IN INK**  
**PAYROLL DIRECT DEPOSIT AUTHORIZATION**  
**AGREEMENT**

1

Name (Last)	(First)	(M)	Person ID	plus	Last Four Digits of SSN
Department		Work Phone #		Home Phone #	Cell Phone #

2

<input type="checkbox"/> Start Direct Deposit	<input type="checkbox"/> Change Current Direct Deposit	<input type="checkbox"/> Add Another Direct Deposit
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3

<u>Type of Account (select one)</u> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<b><u>MAIN BANK</u></b> <i>(Fill in this portion only if you are starting or changing the Main Bank)</i> Bank Routing # _____ Bank Account # _____	<u>Primary Deposit Account</u>
	<u>Type of Account (select one)</u> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<b><u>OTHER BANK</u></b> Bank Routing # _____ Bank Account # _____
<u>Type of Account (select one)</u> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<b><u>OTHER BANK</u></b> Bank Routing # _____ Bank Account # _____	<u>Deposit Amount</u> <input type="checkbox"/> \$ _____ <input type="checkbox"/> Cancel Direct Deposit to this bank

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In order to comply with electronic payment provisions of U.S. law and the Office of Foreign Assets Control (OFAC), please declare if the **entire amount** of your direct deposit payments will ultimately be **routed to a foreign bank account**. A dishonest or misleading response to this notification may be considered falsification of records under Standards of Conduct.

**My U.S. financial institution/s transfers all of my payroll direct deposit funds to a financial institution outside the U.S.**

No                       Yes

**PAYEE CERTIFICATION**

I authorize the County of Fairfax, Virginia and the Depository listed below to deposit my net pay automatically into my account each payday. If County of Fairfax funds to which I am not entitled are deposited in my account, I authorize the County to direct the bank to return those funds.

**\*\*\*IMPORTANT\*\*\***

- VERIFY THE INFORMATION YOU PROVIDE ABOVE WITH YOUR FINANCIAL INSTITUTION
- INCORRECT OR INCOMPLETE INFORMATION MAY PREVENT THE DIRECT DEPOSIT OF YOUR PAY INTO YOUR CHECKING OR SAVINGS ACCOUNT AND MAY DELAY THE RECEIPT OF YOUR PAY. IF YOUR PAYROLL TRANSMISSION FAILS, THE COUNTY CANNOT ISSUE YOUR PAY UNTIL THE FUNDS ARE RETURNED BY YOUR FINANCIAL INSTITUTION.
- NO ATTACHMENTS – ONLY THIS FORM WILL BE ACCEPTED. FORM MAY BE FAXED TO 703-324-3444

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Employee Signature

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Date