

**HENDRY COUNTY, FLORIDA
AUTHORIZATION FOR DIRECT DEPOSIT**

EMPLOYEE NAME _____ S.S.# _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
DEPARTMENT _____ PHONE _____
AMOUNT TO BE DEPOSITED TO THIS ACCOUNT \$ _____ OR NET CHECK _____

NAME AND ADDRESS OF YOUR BANK TO WHICH PAY SHOULD BE DIRECTLY DEPOSITED:

ABA# _____
ACCT.# _____
CHECKING _____ SAVINGS _____

PLEASE ATTACH A
VOID CHECK
FOR THE ABOVE NAMED ACCOUNT

I HEREBY AUTHORIZE THE HENDRY COUNTY CLERK OF CIRCUIT COURT TO DIRECTLY DEPOSIT MY PAY INTO THE ABOVE NAMED ACCOUNT

EMPLOYEE'S SIGNATURE

DATE

*****NOTE*****

If you wish to have your pay deposited into multiple accounts/banks, please complete a separate authorization form for each account/bank.

Return to: **Hendry Clerk of Circuit Court
Attn: Payroll Dept
P.O. Box 1760
LaBelle, FL 33975**