



COUNTY OF LOUDOUN, VIRGINIA  
PAYROLL DIRECT DEPOSIT AUTHORIZATION

Employee ID Number		Employee name (last, first, middle initial)		Department	Work Phone
Action		NET DEPOSIT	Bank ID Number (9 digits)	Account Number	Account Type
<input type="checkbox"/> New <input type="checkbox"/> Change					<input type="checkbox"/> Checking <input type="checkbox"/> Savings
		Financial institution (name, city, state)			
Action		Fixed AMT	Bank ID Number (9 digits)	Account Number	Account Type
<input type="checkbox"/> New <input type="checkbox"/> Change		\$ _____ Fixed amt from: \$ _____ to: \$ _____			<input type="checkbox"/> Checking <input type="checkbox"/> Savings
		Financial institution (name, city, state)			
Action		Loudoun Credit Union	Bank ID Number (9 digits)	Account Number	Account Type
<input type="checkbox"/> New <input type="checkbox"/> Change		<input type="checkbox"/> Net Amount <input type="checkbox"/> Fixed Amount \$ _____	056080126		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
		Financial institution (name, city, state) Loudoun Credit Union Leesburg, VA			
*****IF YOU SELECT CHECKING ACCOUNT, YOU MUST ATTACH A VOIDED CHECK TO THIS FORM.*****					
I hereby authorize the County of Loudoun, Virginia, hereafter called County, to deposit my net/fixed check amount(s) in to my account(s) indicated above. I understand that it is my responsibility to notify the Department of Management and Financial Services of any changes in my bank account(s).					
DISCLAIMER					
All employees except Temp-PT hired for 90 days or less, are required to enroll in direct deposit as a condition of your employment. In addition, you can have up to two fixed deposits, one of which must be the Loudoun Credit Union.					
Employee Signature:				Date:	