



Zavala County Treasurer's Office

Attn: Payroll Department
200 E. Uvalde, St
Crystal City, Tx. 78839

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Zavala County** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Zavala 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 **Zavala 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 **Zavala County** immediately for any overpayment made to my account.

This agreement will remain in full force and effect until **Zavala 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) : _____ **Date:** _____

Employee Signature: _____ **Date:** _____