



ELECTRONIC FUNDS TRANSFER CHANGE FORM

(Change Amount or Financial Institution)

Employee Name _____ Last 4 Digits SSN _____

Change Amount: \$ _____ Current Institution Name: _____

E-Mail Address _____

- O R -

Change in Financial Institution: (Please attach a voided check or deposit slip)

Previous Institution _____

New Institution _____ Amount \$ _____

(Specify 'Net' for Net Check Amount)

Transit (Routing) ABA Number _____ (9 digits)

Account Number _____

(Check One)

Checking -or- Savings

I hereby authorize Grand Traverse County to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above and the Financial Institution named above, to credit and/or debit the same to such account.

This authority is to remain in full force and effect until Grand Traverse County has received written notification from me of its termination in such time and in such manner as to afford Grand Traverse County and the Financial Institution a reasonable opportunity to act on it.

Fill out this section ONLY when changing financial institutions.

When changing from one financial institution to another you have the choice during the "pre-note" process of having your funds either directly deposited into your previous account (if new account is not the same institution) or receiving a paper check.

_____ Directly deposit funds into my previous account during the "pre-note" process.

_____ I would like to receive a paper check during the "pre-note" process. (Req'd if new acct/same institution)

Note: If you have more than one account with this Financial Institution, it is your responsibility to direct your bank as to how the funds should be deposited. The County is limited to one transfer per individual per financial institution.

Signed: _____

Date: _____

H.R. Approval: _____ Date: _____