Aiken County
Human Resources Division
1930 University Parkway, Suite 3100
Aiken, SC 29801
(803) 642-1555
www.aikencountysc.gov

EMPLOYEE DIRECT DEPOSIT FORM

Employee Information

Last Name _____ First Name _____ Employee # _____ Department _____

Account Information

1. _____ Bank Name _____ Bank Account Number _____ Bank Routing Number

☐ Checking ☐ Savings I wish to deposit: $_____ or ☐ Entire Net Amount

2. _____ Bank Name _____ Bank Account Number _____ Bank Routing Number

☐ Checking ☐ Savings I wish to deposit: $_____ or ☐ Entire Net Amount

3. _____ Bank Name _____ Bank Account Number _____ Bank Routing Number

☐ Checking ☐ Savings I wish to deposit: $_____ or ☐ Entire Net Amount

OR

☐ Please cancel all previous direct deposit authorizations previously submitted. I wish to receive a check each pay period.

Please read and sign before completing and submitting.

I hereby authorize Aiken County Government and First Citizens Bank to deposit the above amount(s) into the above named account(s) on every pay period, and if applicable, cancel the authorization for direct deposit previously submitted. **I authorize Aiken County Government and First Citizens Bank to withdraw any funds deposited into my account in error.**

_____ Employee's Signature _____ Date

A VOIDED CHECK OR A DIRECT DEPOSIT FORM FROM THE BANK (WITH YOUR ACCOUNT NUMBER AND ROUTING NUMBER) IS REQUIRED FOR PROCESSING.