



# Hillsborough County Sheriff's Office Request for Direct Deposit of Pay



Employee Name: \_\_\_\_\_

Employee ABN #: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home / Cell Phone: \_\_\_\_\_

(1) CHECK ONE:     Add New Account Number     Stop Old Account Number     Change Amount Only

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Name of Bank or Credit Union: \_\_\_\_\_

Transit ABA Number: \_\_\_\_\_

This consists of the nine digits on the bottom left of your checks. **Please attach or fax a copy of a voided check along with this form for new accounts.**

Account Number: \_\_\_\_\_     Savings     Checking

**Check One:**     Deposit Full Check Amount     Deposit Remainder of Check     Deposit Specific Amount \$ \_\_\_\_\_

Change current amount from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

(2) CHECK ONE:     Add New Account Number     Stop Old Account Number     Change Amount Only

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Name of Bank or Credit Union: \_\_\_\_\_

Transit ABA Number: \_\_\_\_\_

This consists of the nine digits on the bottom left of your checks. **Please attach or fax a copy of a voided check along with this form for new accounts.**

Account Number: \_\_\_\_\_     Savings     Checking

**Check One:**     Deposit Full Check Amount     Deposit Remainder of Check     Deposit Specific Amount \$ \_\_\_\_\_

Change current amount from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

(3) CHECK ONE:     Add New Account Number     Stop Old Account Number     Change Amount Only

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Name of Bank or Credit Union: \_\_\_\_\_

Transit ABA Number: \_\_\_\_\_

This consists of the nine digits on the bottom left of your checks. **Please attach or fax a copy of a voided check along with this form for new accounts.**

Account Number: \_\_\_\_\_     Savings     Checking

**Check One:**     Deposit Full Check Amount     Deposit Remainder of Check     Deposit Specific Amount \$ \_\_\_\_\_

Change current amount from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

I hereby certify that I am an owner of the above account and authorize the Payroll Department to deposit the full net amount of my payroll check to the bank account indicated above and to post debit entries to correct any deposits made in error. This authorization shall remain in full force and effect until you have received written notification from me of its termination in such a manner as to afford you a reasonable opportunity to act upon it. I understand my deposit will be available for withdrawal in accordance with the policy of the financial institution listed above and that the actual posting to my account may not occur until the bank's first workday following the Sheriff's payday.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\* WE MUST PRE-NOTE ALL NEW DEDUCTIONS AND ACCOUNTS. This will cause the computer to print a check that can be picked up in the PAYROLL OFFICE on payday Friday between 8 AM and 4:30 PM. All unclaimed checks will be mailed first business day following payday.  
**You can fax this form along with a COPY of voided check or Direct Deposit notice from financial institution to 813-242-1827.**