



# KLAMATH COUNTY

## Direct Deposit Agreement Form

Employee Name (print): \_\_\_\_\_ Department: \_\_\_\_\_

### Authorization Agreement

I hereby authorize Klamath County to initiate automatic deposits to my account at the financial institution named below. I also authorize Klamath County to make withdrawals from this account in the event that a credit is made in error.

Further, I agree not to hold Klamath County responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Klamath County receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Human Resources Department.

I expressly agree to allow Klamath County to provide me my paystub electronically. (ORS 652.610(c); ORS 84.001 to 84.061.) Paystubs may be accessed at:

<https://klamathcounty.accessgovernment.net/EmployeeSelfService/Account/SignIn>

I request a paper paystub.

### Account Information

Name of Financial Institution: \_\_\_\_\_  
Routing Number: \_\_\_\_\_ \$ or % \_\_\_\_\_  
Account Number: \_\_\_\_\_  Checking  Savings

Name of Financial Institution: \_\_\_\_\_  
Routing Number: \_\_\_\_\_ \$ or % \_\_\_\_\_  
Account Number: \_\_\_\_\_  Checking  Savings

Please start my direct deposit on the paycheck I will receive on the \_\_\_\_\_ 10th 25th of \_\_\_\_\_ .  
Month

### Signature

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

*Please attach a voided check(s) and return this form to the Human Resources Department.*

*\*Klamath county recommends using a personal email to subscribe to the Springbrook Employee Portal. If you need assistance with the portal, contact [helpdeskfinance@klamathcounty.org](mailto:helpdeskfinance@klamathcounty.org)*

INTERNAL USE ONLY

HR: \_\_\_\_\_ Payroll: \_\_\_\_\_

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