

COFFEE COUNTY COMMISSION

*Dean Smith
Kim Ellis
Robert Stephens*



*Al Britt
Bernest Brooks
Tom Grimsley*

AUTHORIZATION FORM

I, _____, do hereby authorize Coffee County Commission to implement direct deposit services of my payroll check effective January 2008.

Done on this the _____ day of _____, 20____

Employee's Signature

PLEASE PRINT

NAME

BANK/CREDIT UNION'S NAME

\$ _____
TO BE DEPOSITED

(ONLY IF MAKING MORE THAN ONE TRANSACTION)

BANK/CREDIT UNION'S NAME

\$ _____
TO BE DEPOSITED

BANK/CREDIT UNION'S NAME

\$ _____
TO BE DEPOSITED

BANK/CREDIT UNION'S NAME

\$ _____
TO BE DEPOSITED

BANK/CREDIT UNION'S NAME

\$ _____
TO BE DEPOSITED

(DO NOT LIST ANY ACCOUNT NUMBERS ON THIS FORM. HOWEVER, IT IS VITALLY IMPORTANT THAT YOU ATTACH A VOIDED DEPOSIT SLIP OR VOIDED CHECK OF EACH BANK OR CREDIT UNION PERTAINING TO THIS REQUEST.)

2 COUNTY COMPLEX, 1065 E MCKINNON
TELEPHONE (334) 894-5556

STREET, NEW BROCKTON, AL 36351
TELEFAX (334) 894-5237



Kathryn B. Lolley, County Administrator

Jim Thompson, Commission Chairman