

## Authorization Agreement for Automatic Payroll Deposit(s)

L.C. Agency: \_\_\_\_\_ Oracle ID #: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 Employee Name: \_\_\_\_\_ Last 4 of Social Security Number: \_\_\_\_\_

**I hereby authorize the Lucas County Auditor to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account(s) listed below.**

### For the BALANCE OF THE CHECK:

<b>Financial Institution Name:</b> _____	<input type="checkbox"/> New	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel	<input type="checkbox"/> Replace
<b>Routing #:</b> _____	<b>Account #:</b> _____			
<b>Type of Account:</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings (if you are placing the balance in TMFCU, please use the space below)				

<b>Financial Institution Name:</b> Toledo Metro Federal Credit Union (TMFCU)	<input type="checkbox"/> New	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel	<input type="checkbox"/> Replace
<b>Routing #:</b> 241282506	<b>Savings Account #:</b> _____		<b>Amount:</b> _____	
(If full deposit, please write "balance")				

### FOR ADDITIONAL PARTIAL DEPOSITS: (up to 4 are allowed)

<b>Financial Institution Name:</b> _____	<input type="checkbox"/> New	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel	<input type="checkbox"/> Replace
<b>Routing #:</b> _____	<b>Account #:</b> _____			
<b>Amount:</b> _____	<b>Type of Account:</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings			

<b>Financial Institution Name:</b> _____	<input type="checkbox"/> New	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel	<input type="checkbox"/> Replace
<b>Routing #:</b> _____	<b>Account #:</b> _____			
<b>Amount:</b> _____	<b>Type of Account:</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings			

<b>Financial Institution Name:</b> _____	<input type="checkbox"/> New	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel	<input type="checkbox"/> Replace
<b>Routing #:</b> _____	<b>Account #:</b> _____			
<b>Amount:</b> _____	<b>Type of Account:</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings			

<b>Financial Institution Name:</b> _____	<input type="checkbox"/> New	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel	<input type="checkbox"/> Replace
<b>Routing #:</b> _____	<b>Account #:</b> _____			
<b>Amount:</b> _____	<b>Type of Account:</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings			

**Important: Attach a voided check or printed bank verification for any NEW account(s) listed above.**

This authority is to remain in full force until the Lucas County Auditor has received **written notification** from me of its termination. I will submit the notification in a timely manner to afford the Lucas County Auditor and the financial institution(s) a reasonable opportunity to act on it. I will notify my department's Payroll office **IMMEDIATELY** in the event of a payroll calculation error. I will repay Lucas County for any overpayments that may be credited to my account(s).

IAT Transaction. Check this box to indicate this transaction is a debit or credit entry that is part of a payment transaction involving a financial office that is not located in the territorial jurisdiction of the United States.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Date processed by Payroll Department: \_\_\_\_\_ Initials: \_\_\_\_\_

Revised: 03/04/2026