




Salt Lake County Payment Authorization Form

Employee Information (If choosing the AccelaPay Card, your card will be mailed to the address provided)	
First Name:	Last Name:
Address:	
City:	State / Zip:
Home Phone:	Work Phone:
Social Security #:	Date of Birth:
Employee ID #:	

You have two convenient options, check one:	
<input type="checkbox"/> Direct Deposit	By choosing traditional direct deposit, your pay will be deposited directly into your checking or savings account each payday.
<input type="checkbox"/> AccelaPay Card 	With the AccelaPay Card, your pay will be deposited onto a prepaid Visa card. The AccelaPay Card can be used to make purchases or get cash everywhere Visa debit cards are accepted worldwide. Everyone qualifies, it is not a credit card and there is no cost to enroll.

Only fill out if choosing Direct Deposit.			
Bank Name	ABA Routing/Transit #	Account #	Type of Account
			<input type="checkbox"/> checking <input type="checkbox"/> savings

If choosing direct deposit PLEASE ATTACH A VOIDED CHECK HERE.
Do not attach a deposit slip, the routing number is not always correct.

I hereby authorize Salt Lake County to initiate credit entries (deposits) and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my bank account or AccelaPay Card account. This authorization will remain in effect until cancelled by me with written notification to Salt Lake County.

Signature: _____ Date: _____

