

HORRY COUNTY DIRECT DEPOSIT REQUEST

Company ID# 57-6000365

I (we) authorize Horry County hereinafter called the COMPANY, to initiate credit entries to my (our) checking _____ and/or savings _____ account (s) indicated below and the depository named below, hereinafter called the DEPOSITORY, to credit the same to such account. In the event of overpayment to my account, I (we) authorize the COMPANY to make an adjusting debit entry to my (our) account up to the amount of overpayment.

CHECKING ACCOUNT

Depository Name: _____ Branch: _____

City: _____ State: _____

Bank Transit /ABA #: _____ Account # _____

Amount of deposit: _____

SAVINGS ACCOUNT

Depositor Name: _____ Branch: _____

City: _____ State: _____

Savings Account #: _____ Amount of Deposit: _____

This authority is to remain full force and effect until COMPANY has received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

Employee Name: _____ Employee ID # _____

Signature of Employee: _____ Date: _____

Home Address: _____