



# COUNTY OF TRINITY

## ACH / DIRECT DEPOSIT AUTHORIZATION FORM Retiree Direct Deposit Authorization

For prompt monthly reimbursement from the County of Trinity, please complete this form in its entirety, including an original signature. **The form must be returned with a voided check or a printout from your financial institution that contains the correct routing and account numbers.**

**Mail the form as soon as possible to the following address:**

County of Trinity – Department of Human Resources  
PO Box 1347  
Weaverville, CA 96093

For questions regarding this form, please contact Human Resources at:  
(530) 623-1325, or [personnel@trinitycounty.org](mailto:personnel@trinitycounty.org)

*Please note: Federal Reserve regulations require 2-3 banking days for transmission of funds to any account.*

<b>BANKING INFORMATION:</b>	
<b>Choose One:</b>	
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name:	
Bank City:	Bank State:
Routing #: 9 digits	Account #
<b>PERSONAL INFORMATION:</b>	
Retiree Full Name:	
Mailing Address:	
City:	State:
Zip Code:	Phone Number: (       )
Email Address: (required)	

I hereby authorize Trinity County to initiate direct deposits (or correcting entries to previous deposits) to my account. By signing, I hereby hold harmless the County of Trinity, its agents and representatives for any misdirection or miscreditation of the direct depositing of accounts payable funds.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date