



Coffee County Government

1329 McArthur Street, Suite 3
Manchester, Tennessee 37355

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Coffee County Government** to initiate automatic deposits to my account at the financial institution named below. I agree not to hold **Coffee County Government** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Coffee County Government** receives a written notice of cancellation from me or my financial institution or until I submit a new direct deposit form to the Personnel & Benefits Coordinator.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Personnel & Benefits Coordinator.