

KLAMATH COUNTY HUMAN RESOURCES  
305 MAIN STREET  
KLAMATH FALLS, OR 97601  
541-883-4296

Direct Deposit Agreement Form

EMPLOYEE NAME (print): \_\_\_\_\_ Department: \_\_\_\_\_

**Authorization Agreement**

I hereby authorize KLAMATH COUNTY to initiate automatic deposits to my account at the financial institution named below. I also authorize KLAMATH COUNTY to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold KLAMATH COUNTY 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 KLAMATH COUNTY receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

I expressly agree to allow KLAMATH COUNTY to provide my paystub electronically. (ORS 652.610(c)); ORS 84.001 to 84.061.). Paystubs may be accessed at:  
[https://klamathcounty.accessgovernment.net/EmployeeSelfService/Account/SignIn?returnUrl=%2FEmployeeeservice\\*](https://klamathcounty.accessgovernment.net/EmployeeSelfService/Account/SignIn?returnUrl=%2FEmployeeeservice*)

I request a paper paystub.

**Account Information**

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_ \$ or % \_\_\_\_\_

Account Number: \_\_\_\_\_  Checking  Savings

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_ \$ or % \_\_\_\_\_

Account Number: \_\_\_\_\_  Checking  Savings

**Signature**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a voided check(s) or deposit slip(s) and return this form to Human Resources

\*Klamath County recommends using a personal email to subscribe to the Springbrook Employee Portal. If you need assistance with the portal, contact [HelpDeskFinance@klamathcounty.org](mailto:HelpDeskFinance@klamathcounty.org).