



**ELECTRONIC DEPOSIT AUTHORIZATION FOR PERIODIC PAYMENTS**

PARTICIPANT is to complete this and **attach a voided check** (for direct deposit to a checking account) or provide the **9 digit ABA Number from the banking institution** (for direct deposit to a savings account).

[Please **print or type** all information to ensure accuracy in processing your request.]

<u>Kent County Levy Court</u>		_____	
PARTICIPANT'S COMPANY NAME		PARTICIPANT'S NAME	
_____		_____	
PARTICIPANT'S SOCIAL SECURITY NUMBER		PARTICIPANT'S DAYTIME TELEPHONE #	
_____		_____	
PARTICIPANT'S HOME ADDRESS		CITY	STATE AND ZIP CODE
_____		_____	_____

The undersigned authorizes and directs the Wells Fargo Institutional and Retirement Trust ("the Center") to electronically deposit recurring distributions from the retirement plan listed above to the designated checking or savings account of the undersigned.

The undersigned agrees that each deposit shall be made as if authorized in writing by the undersigned. The undersigned further authorizes and directs the Center to debit or credit said account for the purpose of adjusting errors in amounts distributed. This authorization revokes all prior disbursement authorizations. The undersigned understands the Center reserves the right to cancel this agreement with prior notice, and the plan participant may cancel this authorization by providing written notice of cancellation to the Center not less than 30 days prior to the effective date of the cancellation. The undersigned agrees that the Center shall not be liable for losses caused by the depository institution's failure to act in accordance with this request.

\_\_\_\_\_ **Direct Deposit to Checking Account (Voided Check Attached)**

\_\_\_\_\_ **Direct Deposit to Savings Account (9 Digit ABA Number Must be Listed Below)**

\_\_\_\_\_ **Cancel Deposits to my Account Effective:** \_\_\_\_\_

Month/Day/Year

NAME OF DEPOSITORY INSTITUTION	
_____	
ABA TRANSIT ROUTING NUMBER (9 DIGITS)	(ACCOUNT NUMBER)
_____	_____
PARTICIPANT'S / ACCOUNT HOLDER'S SIGNATURE	DATE
_____	_____
JOINT ACCOUNT HOLDER'S SIGNATURE	DATE
_____	_____

*Please Return SIGNED FORM with voided check/savings account letter to: Kent County Levy Court Personnel Office, 555 Bay Road, Dover, DE 19901 (do not send directly to Wells Fargo)*