

DIRECT DEPOSIT AUTHORIZATION AGREEMENT



Social Security Number: _____ - _____ - _____	Employee # _____
Employee Name: _____	

Funds may be deposited into one account or split between several accounts as a set percentage or dollar amount. Please include a voided check, savings account information, or a bank direct deposit agreement – **not a deposit slip** for each new account listed for verification of account and routing number(s). Please note account additions will result in a paper check for funds immediately following the submission of this direct deposit form. **All forms must be submitted to the Human Resource Manager at least three (3) days prior to pay day.**

New Direct Deposit Form **Revised Direct Deposit Form** (list the new amounts or percentages for all accounts)

Account #1	Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Action:	<input type="checkbox"/> Add <input type="checkbox"/> Change	<input type="checkbox"/> Delete Account	
Bank Name: _____			
Account Number: _____			
Routing/Transit Number: _____			
Deposit Amount:	Dollar Amount \$ _____	Percentage: _____	Entire: _____

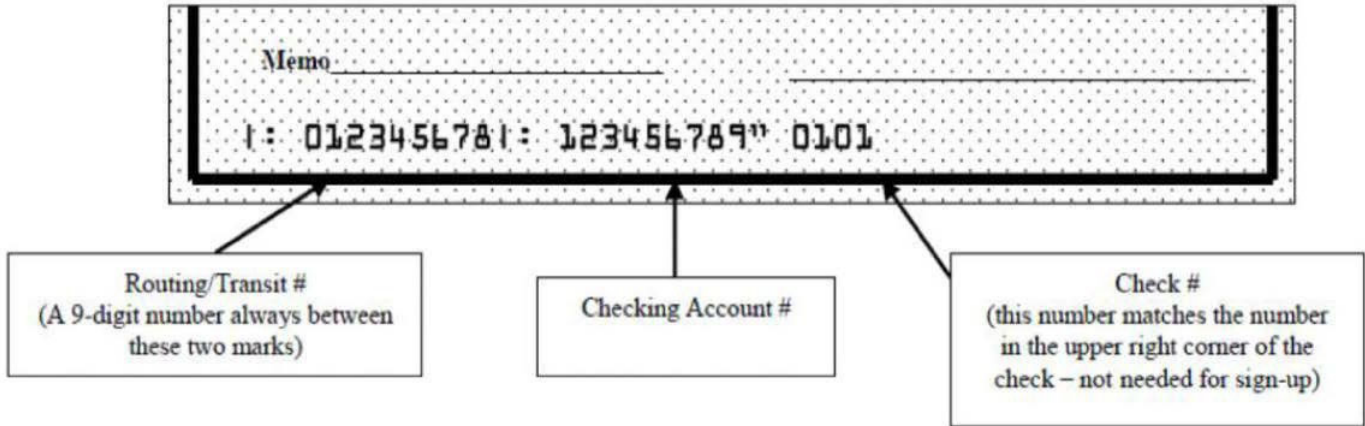
Account #2	Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Action:	<input type="checkbox"/> Add <input type="checkbox"/> Change	<input type="checkbox"/> Delete Account	
Bank Name: _____			
Account Number: _____			
Routing/Transit Number: _____			
Deposit Amount:	Dollar Amount \$ _____	Percentage: _____	Entire: _____

Account #3	Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Action:	<input type="checkbox"/> Add <input type="checkbox"/> Change	<input type="checkbox"/> Delete Account	
Bank Name: _____			
Account Number: _____			
Routing/Transit Number: _____			
Deposit Amount:	Dollar Amount \$ _____	Percentage: _____	Balance: _____

**ATTACH A VOIDED CHECK OR BANK DEPOSIT AGREEMENT FOR EACH NEW ACCOUNT TO THIS FORM
-SEE NEXT PAGE-**

I hereby authorize the City of Stephenville to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries or errors to my checking and/or savings account(s) indicated above the depository named above, to credit and/or debit the same to such account. This authorization is to remain in full force and effect until the City has received written notification from me or at termination and in such manner as to afford the City and the depository a reasonable opportunity to act on it.

Below is a sample check MICR line, detailing where the banking information can be found from your check stock. (for checking accounts only!)



Signature – Account Holder

Date