



## DIRECT DEPOSIT AUTHORIZATION AGREEMENT

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 before payday.**

Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

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

### ACCOUNT #1

**Account Type:**  Checking     Savings    **Action:**  Add     Change     Delete Account

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Routing/Transit Number: \_\_\_\_\_ Dollar Amount \$ \_\_\_\_\_ Percentage: \_\_\_\_\_%

### ACCOUNT #2

**Account Type:**  Checking     Savings    **Action:**  Add     Change     Delete Account

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Routing/Transit Number: \_\_\_\_\_ Dollar Amount \$ \_\_\_\_\_ Percentage: \_\_\_\_\_%

### ACCOUNT #3

**Account Type:**  Checking     Savings    **Action:**  Add     Change     Delete Account

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Routing/Transit Number: \_\_\_\_\_ Dollar Amount \$ \_\_\_\_\_ Percentage: \_\_\_\_\_%

Preferred email for pay stub to be sent to: \_\_\_\_\_

HINT: Password is the last four (4) digits of your social security number

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

**-SEE NEXT PAGE-**

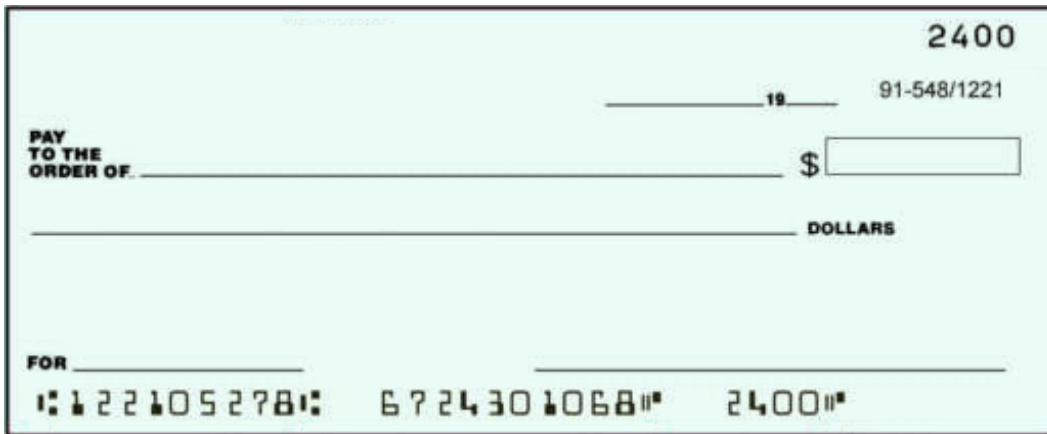


I hereby authorize the City of Stephenville to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries or errors to my checking and/or savings account(s) indicated above the depository named above, to credit and/or debit the same to such account. This 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.

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Date

Below is a sample check MICR line, detailing where the banking information can be found from your check stock.



Routing Number

Account Number

Check Number

This is a **nine-digit code**

Not needed for this form

Attach a voided check for each account here