



AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DIRECT DEPOSITS

Employee Information

Your Name _____ Employee _____
(As it appears on your bank account)

Address _____ Security # (last 4 digits) XXX-XX-_____
City _____ State _____ Zip _____

Financial Institution Information

PLEASE ATTACH A VOIDED CHECK

Financial Institution Name _____ Routing Transit # _____
Branch _____ Account # _____
Address _____ Account is a Checking or Savings
Bank Telephone () - _____ Deposit Amount \$ _____
(Enter "NET" to deposit entire paycheck)

Alternate Deposit Account

PLEASE ATTACH A VOIDED CHECK

Financial Institution Name _____ Routing Transit # _____
Branch _____ Account # _____
Address _____ Account is a Checking or Savings
Bank Telephone () - _____ Deposit Amount \$ _____
(Enter "NET" to deposit entire paycheck)

Authorization

I hereby authorize THE CITY OF HAMMOND to deposit my payroll earnings into the account(s) listed above and if necessary, debit entries or adjustments for any deposits made in error to my (our) account. This authority is to remain in full force and effect until written notice from me has been received by the company in such a manner as to afford reasonable time to act on it.

Date _____ Signature _____