## City of Dalton - Direct Deposit Authorization Agreement

Employee Name: Social Security # :		
Department:	Employee Number :	
	y of Dalton, to initiate credit entries to my account the depository financial institution listed on this	
	must attach a <u>VOIDED Personal Check</u> . If Savin D Savings Deposit Verification Slip.	ngs account
	nain in effect until payroll receives a written canc anging my direct deposit status. Please allow up	
Employee Signature:	Date:	
Signature of Other:	Date:	
(0	Only required if joint Account)	
DEPOSIT MY (NET PAY)		Deduction # 9900
Bank Name:	Transit/Routing Number:	
Address:	Transit/Routing Number: State:	Zip:
Contact Person:	Contact Person Phone Number:	
Account Number:	Circle One: Checking or	Savings
Additional Comments:		
DEPOSIT (SET AMOUNT	T) TO THIS ACCOUNT:	Deduction # 9800
Bank Name:	Transit/RoutingNumber:	
Address:	C: 1	
Contact Person:	Contact Person Phone Number: _	
Account Number:	Circle One: Checking or Savings (Set A	Amount \$)
**Amount Change Only \$		
DEPOSIT (SET AMOUNT	) TO THIS ACCOUNT:	Deduction # 9810
Bank Name:	Transit/Routing Number:	
Address:	Transit/Routing Number:State:	Zip:
Contact Person:	Circle One: Checking or Savings (Set	
Account Number:	Circle One: Checking or Savings (Set	Amount \$)
Additional Comments:		
**Amount Change Only \$		

<sup>\*\*</sup>If you wish to change the amount that you are putting into an account that is already set up in our payroll system, this is the only line that needs to be completed in this section.