



AUTHORIZATION AGREEMENT & DIRECT DEPOSIT ENROLLMENT

NAME _____ (PLEASE PRINT)

EMPLOYEE NUMBER _____

BANK NAME _____

net pay deposit

Bank Account Number _____

Bank Routing Number _____

(check one) Checking Account _____ Savings Account _____

dollar amount deposit

BANK ACCOUNT NUMBER _____

BANK ROUTING NUMBER _____

(check one) Checking Account _____ Savings Account _____

Amount \$ _____

dollar amount deposit

BANK ACCOUNT NUMBER _____

BANK ROUTING NUMBER _____

(check one) Checking Account _____ Savings Account _____

Amount \$ _____

*******A VOIDED CHECK MUST BE ATTACHED TO THIS FORM*******

I HEREBY AUTHORIZE THE CITY OF PAINESVILLE TO DIRECT DEPOSIT MY PAYROLL CHECK AS INDICATED ABOVE. THIS AUTHORITY IS TO REMAIN IN EFFECT UNTIL REVOKED BY ME IN WRITING OR BY TERMINATION OF MY EMPLOYMENT.

Signature: _____

Date: _____