



Authorization Agreement for Automatic Payroll Deposits

Employee Information

Your Name _____

Address _____

City _____ State _____ Zip _____

Telephone # () _____ Social Security # _____

Financial Institution Information

Please attach a voided check

Financial Institution Name _____ Routing Transit # _____

Branch _____ Account # _____

Address _____ Account is a Checking Savings _____

Bank Telephone # () _____ Deposit Amount \$ _____

Enter "Net" to deposit your entire paycheck

Alternate Deposit Accounts

						\$
Alt 1	_____	_____	_____	_____	_____	_____
	<small>Financial Institution Name</small>	<small>Telephone #</small>	<small>Routing Transit #</small>	<small>Account #</small>	<small>Chk/Sav</small>	<small>\$Deposit amount</small>
Alt 2	_____	_____	_____	_____	_____	\$

- o Alternate Deposit Accounts are available for salaried employees only.
- o Alternate Deposit Account information can only be updated on a quarterly basis (excluding rare situations such as bank changes, account fraud, closed accounts, etc). An updated form must be filed with the Clerk's office no later than the 1st of January, April, July or October for changes to take effect the following possible pay period.

Authorization

I hereby authorize the City of Whiting 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 City of Whiting in such manner as to afford reasonable time to act on it.

Date _____ Signature _____