

EMPLOYEE # _____



DIRECT DEPOSIT AGREEMENT FORM

Authorization Agreement

I hereby authorize the City of Mathis to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold the City of Mathis responsible for any delay or loss of funds due to incorrect or incomplete information supplied by my financial institution or by me or due to an error on the part of the City of Mathis or my financial institution in depositing funds to my account.

This agreement will remain in effect until the City of Mathis receives a written notice of cancellation from me or my financial institution or I until I submit a new Direct Deposit Agreement Form to the Payroll Department.

Account Information (BOTH #1 AND #2 MUST EQUAL 100%)

#1 Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking | Savings

Amount to Deposit: \$ _____ or % _____ (BOTH AMOUNTS MUST EQUAL 100%)

#2 Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking | Savings

Amount to Deposit: \$ _____ or % _____ (BOTH AMOUNTS MUST EQUAL 100%)

Signature

Signature: _____ Print Name: _____ Date: _____

Please attach a voided check or form from the financial institution, not a deposit slip, and return this form to the Payroll Department.

ATTACH VOIDED CHECK HERE