



# CITY OF STAFFORD

2610 SOUTH MAIN  
STAFFORD, TEXAS 77477  
281-261-3900  
FAX 281-261-3994

## DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize the below listed Company, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same such account.

**Company Name:** CITY OF STAFFORD

**Address:** 2610 SOUTH MAIN STREET, STAFFORD, TX 77477

**Employee Name:**

**Address:**

**Social Security Number:**

Please consider this your authorization to deposit payroll proceeds into my checking/savings account as listed below:

**Financial Institution Name:**

**Address:**

**Telephone Number:** ( )

**Financial Institution Routing Transit Number:**

**Account Type (circle one):** CHECKING SAVINGS

**Account Number:**

NEW CHANGE STOP

**DISTRIBUTION TO THIS ACCOUNT:** Flat Amount/Percent 100% of Net

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time as in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. (Must be authorized signatory on the checking/savings account listed above)

Signature of Employee Date

**ATTACH A SAMPLE/VOIDED CHECK AND DEPOSIT SLIP TO THIS AUTHORIZATION**

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PRENOTE: EFFECTIVE: LIVE:

