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 an 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:

DIRECT DEPOSIT AUTHORIZATION FORM INSTRUCTIONS

PURPOSE OF FORM:

The Direct Deposit Authorization Agreement Form provides authorization to wire transfer payments directly into your checking or savings account. Please note: In order to utilize this option, your financial institution must be a member of the Automated Clearing House (ACH). Call your Financial Institution if you are unsure. The Direct Deposit Program will begin 30 to 60 days upon receipt of this notification.

Please print or type all information

Employee Information:

Enter your name and address as it appears on your checking/savings account.

Enter your Social Security Number.

Financial Institution Information:

Enter the name, address, and telephone number of your Bank or Financial Institution.

Enter your Financial Institution's Routing Transit Number. Call your Bank or Financial Institution if you are unsure of this information.

Indicate what type of account Savings or Checking.

Enter the account number and attach a voided check and deposit slip.

Is this a new request to begin direct deposit, a request to change direct deposit information, or a request to stop direct deposit.

Sign and date the form and return it to Human Resources.