



## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

RECIPIENT'S NAME : \_\_\_\_\_

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I hereby authorize the CITY OF CARTERSVILLE, hereinafter called City, to initiate credit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my Checking or Savings account indicated below and the financial institutions(s) named below to credit (or debit) the same to such account.

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\_\_\_\_\_ Delete my current and replace with the following

\_\_\_\_\_ Add the following accounts (keeping my current account as my main account)

#1 ROUTING OR ABA NUMBER (first 9 digits): \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

### ACCOUNT INFORMATION (Check one)

\_\_\_\_\_ CHECKING

\_\_\_\_\_ Dollar Amount (Use when using more than one account )

\_\_\_\_\_ SAVINGS

#2 ROUTING OR ABA NUMBER (first 9 digits): \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

### ACCOUNT INFORMATION (Check one)

\_\_\_\_\_ CHECKING

\_\_\_\_\_ SAVINGS

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If paycheck is to be sent to more than one financial institution, then you must indicate the dollar amount or percentage of contribution to each financial institution.

If you would like only part of your paycheck direct deposited, then you must indicate the dollar amount that you want direct deposited to your financial institution. You will then receive the balance of your pay via a check.

This authority is to remain in full force and effect until City has received written notification from me of its termination in such time and in such manner as to afford City a reasonable opportunity to act on it.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_