

City of Dalton - Direct Deposit Authorization Agreement

Employee Name: _____ Social Security # : _____

Department: _____ Employee Number : _____

I hereby authorize the City of Dalton, to initiate credit entries to my account(s) indicated by the attached check(s) at the depository financial institution listed on this form.

If Checking Account you must attach a **VOIDED Personal Check**. If Savings account you must attach a **VOIDED Savings Deposit Verification Slip**.

This authorization is to remain in effect until payroll receives a written cancellation from me or an amended form changing my direct deposit status. Please allow up to (6)six weeks for processing.

Employee Signature: _____ Date: _____

Signature of Other: _____ Date: _____

(Only required if joint Account)

DEPOSIT MY (NET PAY) TO THIS ACCOUNT:

Deduction # 9900

Bank Name: _____ Transit/Routing Number: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Contact Person Phone Number: _____
Account Number: _____ Circle One: Checking or Savings
Additional Comments: _____

DEPOSIT (SET AMOUNT) TO THIS ACCOUNT:

Deduction # 9800

Bank Name: _____ Transit/Routing Number: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Contact Person Phone Number: _____
Account Number: _____ Circle One: Checking or Savings (**Set Amount \$** _____)
Additional Comments: _____
**Amount Change Only \$ _____

DEPOSIT (SET AMOUNT) TO THIS ACCOUNT:

Deduction # 9810

Bank Name: _____ Transit/Routing Number: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Contact Person Phone Number: _____
Account Number: _____ Circle One: Checking or Savings (**Set Amount \$** _____)
Additional Comments: _____
**Amount Change Only \$ _____

**If you wish to change the amount that you are putting into an account that is already set up in our payroll system, this is the only line that needs to be completed in this section.