

CITY OF TEA

Direct Deposit Agreement Form

AUTHORIZATION AGREEMENT

I hereby authorize the City of Tea to initiate automatic deposits to my account at the financial institution named below. I also authorize the City of Tea to make withdrawals from this account in the event a credit entry is made in error.

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

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

Direct deposit account information must be in the employee's name. If the account provided is not an account by the employee, direct deposit will not be processed, and a paper check will be mailed to the employee's home address on file.

EMPLOYEE INFORMATION

Name (Print – First & Last Name): _____

Home Address: _____

Cell Phone: _____

ACCOUNT INFORMATION

Name (Print – First & Last Name): _____

Name of Financial Institution: _____

Routing Number: _____

Checking Savings

Account Number: _____

SIGNATURE

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Finance Officer.

FOR EMPLOYER USE ONLY

Department: _____

Pay (Hourly/Salary/Other): _____