

DIRECT DEPOSIT AUTHORIZATION FORM

Authorization Agreement

I, _____ hereby authorize the City of Socorro to initiate
(PRINTED NAME)
credit or debit entries to my account with the financial institution indicated below. I understand this authorization is for wages owed to me by the City of Socorro.

Further, I agree not to hold the City of Socorro 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 Socorro receives a written notice of cancellation from me or my financial institution, until I submit a new direct deposit form to the Payroll Office, or I am terminated.

- Start Direct Deposit Change Direct Deposit Cancel Direct Deposit
 Add another Account Split Direct Deposit

Account Information

Name of Financial Institution: _____ Amount: _____

Routing Number:

Account Number: _____

Checking Savings

Account Information

Name of Financial Institution: _____ Amount: _____

Routing Number:

Account Number: _____

Checking Savings

Signature

Employee's Signature: _____

Date: _____

MUST BE AUTHORIZED ON THE ACCOUNT

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP AND RETURN THIS FORM TO THE PAYROLL OFFICE.

Received By: _____

Date: _____