

## DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize the City of Hickory and the financial institution(s) shown to deposit my pay directly to my account each payday. If funds to which I am not entitled are deposited to my account, I authorize the City of Hickory to direct the bank to return said funds. This authority will remain in effect until I file a new Authorization Form or cancel my participation. I understand that deposited funds will generally be available on the morning of our regular payday; however, it is my responsibility to verify the actual deposit of funds.

Check one:    New \_\_\_\_\_                      Change \_\_\_\_\_                      Cancel \_\_\_\_\_

Name (please print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Please fill in your bank account information below. For each account, please indicate whether it is a checking account or a savings account.

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

Transit/Routing #: \_\_\_\_\_ Account # \_\_\_\_\_

Checking \_\_\_\_\_                      Savings \_\_\_\_\_                      Amount \$ \_\_\_\_\_

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

Transit/Routing #: \_\_\_\_\_ Account # \_\_\_\_\_

Checking \_\_\_\_\_                      Savings \_\_\_\_\_                      Amount \$ \_\_\_\_\_

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

Transit/Routing #: \_\_\_\_\_ Account # \_\_\_\_\_

Checking \_\_\_\_\_                      Savings \_\_\_\_\_                      Amount \$ \_\_\_\_\_

**IMPORTANT: Attach a voided check or savings account information so that we can obtain an accurate routing and transit number for your financial institution.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_