

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/Percentage: \$ _____

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: _____