

AUTHORIZATION AGREEMENT FOR PAYROLL DIRECT DEPOSITS (ACH)
CITY OF BELL

I hereby authorize City of Bell, hereinafter called COMPANY, to initiate credit entries to my () Checking Account () Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account.

FINANCIAL INSTITUTION
DEPOSITORY NAME _____

BRANCH _____

CITY _____ STATE _____

ROUTING # _____ ACCOUNT # _____

TOTAL AMOUNT TO BE DEPOSITED TO THIS ACCOUNT: _____

(Must submit a voided check, deposit slip or official letter from financial institution confirming routing and account number)

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY AND depository a reasonable opportunity to act on it.

NAME _____

SOCIAL SECURITY NUMBER _____

DATE _____ SIGNED _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

***** FOR FINANCE DEPARTMENT USE ONLY****

Employee Number: _____
Data Received by Finance Dept: _____
Financial Institution Code: _____
Pay Period for ACH Test: _____
Pay Period for ACH to be Active: _____
Type of ACH DD: _____