



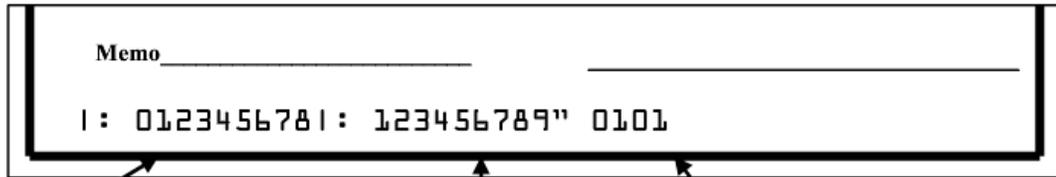
CITY OF FORT DODGE
DIRECT DEPOSIT AUTHORIZATION FORM

To enroll in or change your direct deposit, simply fill out this form and give it to your payroll manager. **Attach a voided check or deposit slip** to help ensure that you are paid correctly. This form cannot be processed without this information.

Account Type Checking Savings If Partial Amount, Include in Separate Check?
 Bank Name _____
 Account Number _____ ABA Routing Number _____
 Deposit Amount \$ _____ or Full Deposit

Account Type Checking Savings If Partial Amount, Include in Separate Check?
 Bank Name _____
 Account Number _____ ABA Routing Number _____
 Deposit Amount \$ _____ or Remaining Deposit

Account Type Checking Savings
 Bank Name _____
 Account Number _____ ABA Routing Number _____
 Deposit Amount \$ _____ or Remaining Deposit



Routing/Transit #
 (A 9-digit number always between these two marks)

Checking Account #

Check #
 (this number matches the number in the upper right corner of the check – not needed for sign-up)

I authorize the City of Fort Dodge to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above and the financial institution named above to credit and/or debit the same to such account.

I understand that this authorization remains in effect until the City of Fort Dodge has received written notification from me of its termination in such time and in such manner as to afford the City of Fort Dodge and my financial institution a reasonable time to act on it.

Employee Name: _____ SSN: _____

Employee Signature: _____ Date: _____