



## City of Haines City DIRECT DEPOSIT AUTHORIZATION

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EMPLOYEE NAME

SOCIAL SECURITY NUMBER

I hereby authorize the direct deposit of any part of my net pay by my employer in the account and financial institution indicated below. Such direct deposit will be made on each succeeding payday, unless I choose to terminate this agreement in writing to my employer. Any such notification to my employer shall become effective following receipt, after a reasonable opportunity to act on it.

In the event that my employer deposits funds erroneously into my account, I authorize my employer to debit my account for an amount not to exceed the original amount of the credit.

When initiating direct deposit or making an account number change, a voided check or saving deposit slip for each account listed must be attached.

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Employee Signature

Date

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Witness Signature

Date

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PLEASE FILL OUT FORM AND MARK PRIORITY FOR EACH ACCOUNT

PRIORITY # \_\_\_\_\_

\_\_\_NEW    \_\_\_CHANGE    \_\_\_STOP

I wish to have \_\_\_\_\_(amount or percentage) deposited to:

\_\_\_Savings            \_\_\_Checking

Financial Institution: \_\_\_\_\_

Location: \_\_\_\_\_

Account #: \_\_\_\_\_

Routing #: \_\_\_\_\_

**ATTACH VOID CHECK OR DEPOSIT SLIP HERE**