



Direct Deposit Authorization Agreement

Employee Number _____ Dept _____

Employee Name _____

Bank Name _____

Account Number _____

Routing Number _____

I hereby authorize the City of Robstown to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries or errors to my

Checking Savings account (select one) indicated above and the depository named above, to credit and/or debit the same to such account.

This authority is to remain in full force and effect until the City has received written notification from me or at termination and in such manner as to afford the City and the depository a reasonable opportunity to act on it.

Start

Change

Stop

Notes: _____

Savings: _____ Checking: _____ Other: _____

Please include a voided check from your account.



Signature

Date