

CITY OF GREEN BAY, WISCONSIN

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

DEPT: _____ PR# _____

I, _____, hereby authorize the City of Green Bay to initiate
(Print Your Name)

direct deposit credit entries (and if necessary, reversal adjustments for any credit entries made in error) to my account in the financial institution(s) as indicated below. I also authorize the financial institution to credit and/or debit my account.

Net Check Deposit:

_____ Checking

_____ Savings

Financial Institution

City

State

Zip

Transit Routing Number (ABA)

Account Number

Partial Check Deposit: \$

_____ Checking

_____ Savings

Financial Institution

City

State

Zip

Transit Routing Number (ABA)

Account Number

Partial Check Deposit: \$

_____ Checking

_____ Savings

Financial Institution

City

State

Zip

Transit Routing Number (ABA)

Account Number

Partial Check Deposit: \$

_____ Checking

_____ Savings

Financial Institution

City

State

Zip

Transit Routing Number (ABA)

Account Number

This authorization will become effective the next payday and will remain in full force and effect until the City of Green Bay has received written notification from me for its termination in such time and manner as to afford the City of Green Bay and the financial institution reasonable time to act on it. If an employee has a break in service of 90 days or more a new direct deposit authorization form is required.

Social Security Number

Signature

Date

Attach a voided check for all checking accounts.