



AUTHORIZATION FOR AUTOMATIC DEPOSITS TO BANK ACCOUNT

Employee Name: _____

If you would like to have your paychecks automatically deposited into your bank account you will need the following:

1. A completed and Authorization for Automatic Deposit to Bank Account Form.
2. A voided check or letter from your bank account(s) showing account information.

Action: (Check One) New Change Cancel

Name of Financial Institution:

Account Number: _____

Type of Account
 Checking Savings _____ \$ Dollar Amount OR %

Routing Transit Number (All 9 boxes must be filled.)

Name of Financial Institution:

Account Number: _____

Type of Account
 Checking Savings _____ \$ Dollar Amount OR %

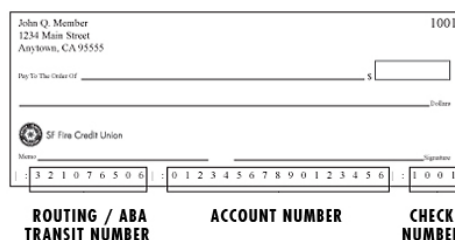
Routing Transit Number (All 9 boxes must be filled.)

I hereby authorize the City of Dixon to deposit funds to my financial institution(s) identified above through the Automated Clearing House system. I also authorize the City of Dixon to initiate withdrawals from my Account(s) to correct any errors that may have been made in processing deposits. I authorize my Financial Institution to process these transactions to my Account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

This authorization will remain effective until I give the City of Dixon written notice to modify or cancel these instructions. My revocation of the City of Dixon's authority to initiate deposits to my Account will not affect the City of Dixon's right to initiate transactions to my Account to correct or adjust a transaction processed before my revocation of authority has become effective.

Please note that a test will be placed on your bank account. This process could take at least one full pay period, therefore you will receive a paper check during this time.

Date: _____ Signature: _____



Please return this document to Human Resources or Payroll.