

**CITY OF JEFFERSONVILLE  
DIRECT DEPOSIT AUTHORIZATION AGREEMENT**



**AUTHORIZATION AGREEMENT**

I hereby authorize the **City of Jeffersonville** and the financial institution(s) named below to initiate entries to the designated checking/savings account. I understand that if my name is not listed on the designated account(s), the City of Jeffersonville will not be held liable.

Credit entries and correcting debit entries, if necessary, are also authorized. It is agreed that the deposits and adjustments may be made electronically. This authorization will remain in effect until I notify City of Jeffersonville, in writing, to cancel it in such time as to afford the financial institution and City of Jeffersonville a reasonable opportunity to act on it.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Email Address - For receipt of check stub

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**DIRECT DEPOSIT ACCOUNT INFORMATION**

Bank Account Number: \_\_\_\_\_

Primary Account Type:

CHECKING

Routing Number: \_\_\_\_\_

SAVINGS

Example:



Name of Financial Institution: \_\_\_\_\_

**OPTIONAL Secondary Checking or Savings Deposit**

Bank Account Number: \_\_\_\_\_

Secondary Account Type:

CHECKING

Routing Number: \_\_\_\_\_

SAVINGS

Name of Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

Dollar amount to be deposited to designated secondary account per pay is \$ \_\_\_\_\_

**A VOIDED CHECK or DIRECT DEPOSIT BANK SHEET  
is NEEDED for EACH account.**

Please Attach and Return this Form to the Human Resource Department