

## DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize the City of Conover and the financial institution(s) shown to deposit my pay directly to my account each payday. If funds to which I am not entitled are deposited to my account, I authorize the City of Conover to direct the bank to return said funds. This authority will remain in effect until I file a new Authorization.

Check one:                     NEW     CHANGE

Employee Name(please print): \_\_\_\_\_

Employee Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Location: \_\_\_\_\_  Checking  Savings

Account No.: \_\_\_\_\_ Routing No.: \_\_\_\_\_

**IMPORTANT:** Attach a voided check for each account so that we can obtain an accurate routing and transit number for the financial institution designated to receive your deposit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VERY IMPORTANT:** If for any reason you need to change your checking account, please notify payroll. A new direct deposit authorization will have to be completed and arrangements made so funds will be deposited correctly.