

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.

Email Address

Signature

Date

**Attach a voided check for all checking accounts.**