

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSITS

I hereby authorize THE CITY OF EMPORIA hereinafter called CITY, to deposit to my account(s) indicated below the net amount I am due for any pay period with the same effect as if a check had been delivered to me for such amount. I also authorize the Financial Institution(s) indicated below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. Should an over deposit be made the FINANCIAL INSTITUTION is authorized to debit such account and return to CITY the amount of any such overage.

SAVINGS DEPOSIT (optional) AMOUNT \$ _____

NAME _____
(Financial Institution)

CITY _____ STATE _____

ACCOUNT NUMBER _____ ABA# _____

CHECKING DEPOSIT

NAME _____
(Financial Institution)

CITY _____ STATE _____

ACCOUNT NUMBER _____ ABA# _____

This authority is to remain in full effect until CITY has received written notification from me of its termination in such time and manner as to afford CITY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. Termination of employment also voids this agreement.

Employee #: _____ NAME _____ SS# _____
(Please Print)

DATE _____ SIGNED _____

ATTACH PERSONALIZED DEPOSIT SLIP OR VOIDED CHECK
