

DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE NAME: _____

DEPARTMENT: _____

BANK NAME: _____

CHECKING ACCOUNT

SAVINGS ACCOUNT

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

AMOUNT: \$ _____

BANK NAME _____

CHECKING ACCOUNT

SAVINGS ACCOUNT

ROUTING NUMBER _____

ACCOUNT NUMBER _____

AMOUNT: \$ _____

By signing this form I am authorizing the City of McDonough to submit my paycheck by Electronic Transfer of Funds to the bank specified above. Attached is a voided check from my account(s).

Signed _____ Date: _____

___ I do not wish to participate in Direct Deposit