



CITY OF FALL RIVER

Direct Deposit Authorization Agreement

I authorize the City of Fall River to automatically deposit any funds owed to me to my account at the Depository Financial Institution named on this form.

I authorize the City of Fall River to debit my account only for the purpose of correcting an erroneous credit previously deposited to my account and to make adjustment entries, if necessary, only under the above conditions.

I understand that prior to closing my account I must notify the Auditor's office of such change and provide new account information. Failure to do so will result in erroneous deposit and will delay payment of my wages.

REQUEST FOR DIRECT DEPOSIT CODE 9999

EMPLOYEE NAME _____ PLEASE PRINT _____ TELEPHONE # _____

I have read and understood this form:

Signature _____ DATE: _____

For savings accounts or checking accounts please have your bank list the numbers needed below and attach a voided check.

I authorize the CITY OF FALL RIVER to automatically deposit my NET CHECK owed to me to my checking or savings account

at _____

FINANCIAL INSTITUTION

CHECKING _____ SAVINGS _____ (PLEASE CHECK ONE)
BANK ROUTING NUMBER _____ ACCOUNT NUMBER _____

REQUEST FOR PARTIAL DIRECT DEPOSITS

CHECKING _____ SAVINGS _____ (PLEASE CHECK ONE)
FINANCIAL INSTITUTION NAME _____
BANK ROUTING NUMBER _____ ACCOUNT NUMBER _____
AMOUNT TO BE DEPOSITED BI-WEEKLY \$ _____

CHECKING _____ SAVINGS _____ (PLEASE CHECK ONE)
FINANCIAL INSTITUTION NAME _____
BANK ROUTING NUMBER _____ ACCOUNT NUMBER _____
AMOUNT TO BE DEPOSITED BI-WEEKLY \$ _____

INTERNAL USE ONLY:

PAYROLL PERIOD ENDING _____

DEPT. CODE# _____ DATE SUBMITTED: _____

DEPT. _____ SUBMITTED BY: _____ DATE: _____