

CITY OF ELIZABETH CITY
DIRECT DEPOSIT AUTHORIZATION

Name: _____ Employee #: _____

Bank Name: _____

Bank Location: _____
City State

1st Account {_____, amount}

Account Type: Checking _____ Savings _____ (Check One)

Transit Number: _____
(First nine numbers on bottom left of check listed before
account number)

Account Number: _____

2nd Account {_____, amount}

Account: Checking _____ Savings _____ (Check One)

Transit Number: _____
(First nine numbers on bottom left of check listed before
account number)

Account Number: _____

Bank Name: _____

Bank Location: _____
City State

3rd Account {_____, amount}

Account: Checking _____ Savings _____ (Check One)

Transit Number: _____
(First nine numbers on bottom left of check listed before
account number)

Account Number: _____

Bank Name: _____

Bank Location: _____
City State

The authorization for deposit in this account shall remain in effect until a new direct deposit authorization is submitted to Human Resources. The Human Resources Department has the authorization to debit or credit your bank account.

Signature: _____ Date: _____

Human Resources Department, Revised October 2008

Attached voided **check**/{**We will not accept deposit slip**}