

# City of Moline Employees Direct Deposit Authorization Agreement

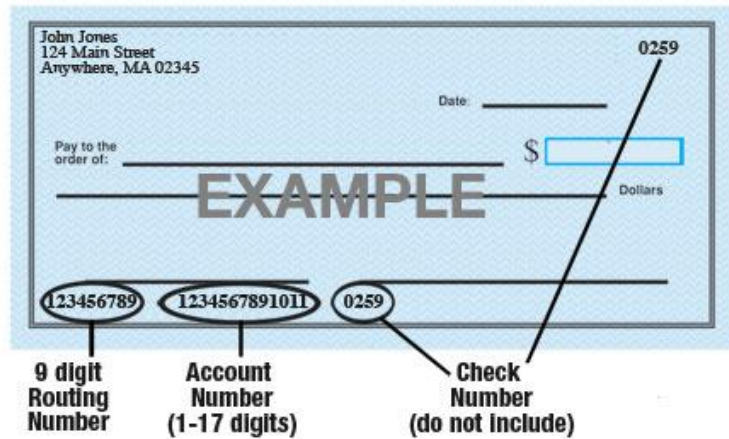
Employee's Name: \_\_\_\_\_

## **Financial Institution #1:**

Financial Institution: \_\_\_\_\_

Financial Institution's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Amount:  \$ \_\_\_\_\_  \_\_\_\_\_% or  Entire Paycheck

Type of Account:  Checking  Savings

## **Financial Institution #2:** (write "N/A" if only depositing to 1 financial institution. **Percentages must total 100%.**)

Financial Institution: \_\_\_\_\_

Financial Institution's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Amount:  \$ \_\_\_\_\_  \_\_\_\_\_% or  Remainder of Paycheck

Type of Account:  Checking  Savings

**(OVER)**

**Email Address (required)**

Personal or work e-mail address: \_\_\_\_\_

OR

I do not have a personal or work email address. Email my statement to my Department Secretary who will print a copy for me.

---

I hereby authorize the City of Moline to direct deposit my paycheck to the financial institution(s) listed above. This includes initiating credit entries and, if necessary, debit entries and adjustment for credit entries made in error to my account. I further authorize the City of Moline to email my direct deposit statement to the email address provided above. This authorization remains in force until my employer receives written notification from me terminating this Agreement. Upon termination of this Agreement, I realize it may take two pay periods to discontinue direct deposit.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_