

CITY OF MARQUETTE

ACH DIRECT DEPOSIT AUTHORIZATION



Authorization Agreement:

I hereby authorize the City of Marquette to initiate automatic deposits to my account(s) at the financial institution named below. This agreement will remain in effect until the City of Marquette has received a written notice of cancellation from me. Termination of employment will void this authorization.

Account Information:

Add Remove Change

Financial Institution _____

Routing Number _____

Net Pay / Balance

Account Number _____

Type of Account () Checking () Savings

Add Remove Change

Financial Institution _____

Routing Number _____

Fixed Amount \$ _____

Account Number _____

Type of Account () Checking () Savings

Add Remove Change

Financial Institution _____

Routing Number _____

Fixed Amount \$ _____

Account Number _____

Type of Account () Checking () Savings

Employee #: _____

Effective Pay Date: _____

Print Name: _____

Signature: _____