

PLEASE ATTACH THE FOLLOWING:

Voided check OR Letter from your bank with routing number and account number

CITY OF BAY VILLAGE

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

I hereby authorize my Employer (named above) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account listed below.

FINANCIAL INSTITUTION NAME	ROUTING NO. *TRANSIT/ABA NO.	ACCOUNT NUMBER	TYPE OF ACCOUNT
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NET AMOUNT OF CHECK WILL BE DEPOSITED

The authority is to remain in full force until EMPLOYER has received written notification from me (or either of us) of its termination in such timely manner as to afford EMPLOYER and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

NAME _____

(Please Print)

SIGNATURE _____ DATE _____

Effective May 1, 2013, direct deposit notifications (paystubs) will be sent by email only.

Email address _____

(PLEASE PRINT CLEARLY)