

**CITY OF BAY VILLAGE
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

NEW EMPLOYEES – COMPLETE THIS SECTION

I hereby authorize the City of Bay Village 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: _____

Account Type:

Routing/ABA Number: _____

Checking

Account Number: _____

Savings

YOU MUST ATTACH A VOIDED CHECK (If unavailable, you may provide a copy of a recent bank statement or a letter from your bank with the institution routing number and the account number.)

*Email Address: _____

*Direct deposit pay notifications are sent by email only.

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: _____

REHIRES – COMPLETE THIS SECTION

1) Is your direct deposit information the same? Yes No

If **YES**, fill in the following information for verification:

Financial Institution: _____ Full account number: _____

You do not need to resubmit a voided check if your bank account has not changed.

If **NO**, complete the following information and attach a voided check:

Financial Institution: _____

Account Type:

Routing/ABA Number: _____

Checking

Account Number: _____

Savings

2) Is your email address the same? Yes No

If **NO**, what is your new email address? _____

3) SIGN & DATE:

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: _____