



Employee Direct Deposit Authorization Agreement

I hereby authorize my employer, City of Douglasville, Georgia (hereinafter COMPANY) to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter Bank) indicated below. Further, I authorize Bank to accept and to credit my credit entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee Information

Employee Name (please print) _____

_____ Begin Deposit _____ Change Information _____ Cancel

Bank Name _____ City _____ State _____

_____ Checking (attach void check I wish to Deposit (check one) ___ \$ _____.00 ___ ____% Net ___ Entire Net Pay

_____ Savings (attach deposit slip) I wish to Deposit (check one) ___ \$ _____.00 ___ ____% Net ___ Entire Net Pay

_____ Other (Checking) (attach check or deposit slip) ___ \$ _____.00 ___ ____% Net

_____ Other (Savings) (attach check or deposit slip) ___ \$ _____.00 ___ ____% Net

This authorization is to remain in full force and effect until COMPANY and BANK have received written notice from me of its termination in such time and in such manner as to afford COMPANY and Bank a reasonable opportunity to act on it.

Employee Signature _____ Date ____/____/____

Attach VOIDED CHECK or VOIDED SAVINGS DEPOSIT Here