

City of Asheville, Asheville, NC
PAYROLL DIRECT DEPOSIT
Authorization Agreement For Automatic Deposits/Credits

I (We) authorize the City of Asheville to initiate credit entries and if necessary, debit corrections to my (our) account(s) indicated below and the depository(ies) named below to credit and/or debit the same to such account(s).

Primary Account – Depository/Financial Institution Name	City	Bank Transit/ABA No.
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Account No.	Account Type (Checking or Savings) Checking <input type="checkbox"/> Savings <input type="checkbox"/>
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Secondary Account – Depository/Financial Institution Name	City	Bank Transit/ABA No.
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Account No.	Account Type (Checking or Savings)	Dollar Amount \$ To Be Deposited
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This authorization will be in effect until the City has received written notification from me (or either of us) of its termination, allowing the City and depository(ies) reasonable time to act upon it.

Employee Name (please print)	Joint Account Holder's Name (please print)
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Signature	Date	Signature	Date
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Social Security Number
