

CITY OF ROCKLEDGE - Direct Deposit Authorization

I (we) hereby authorize the City of Rockledge, hereinafter referred to as "City", to initiate credit entries and, if necessary, debit correction and adjustment entries to my (our) account at the financial institution listed below: **NOTE: YOU MUST ATTACH YOUR ORIGINAL BANK CHECK MARKED "VOIDED"**

Bank Name _____ Branch _____
Address _____ City/State _____ Zip _____
Routing/Transit Number _____
Account Type (please check) Checking _____ Savings _____
Checking Acct. No. _____ Savings Acct. No. _____
Amount of Deposit \$ _____ Amount of Deposit \$ _____

Bank Name _____ Branch _____
Address _____ City/State _____ Zip _____
Routing/Transit Number _____
Account Type (please check) Checking _____ Savings _____
Checking Acct. No. _____ Savings Acct. No. _____
Amount of Deposit \$ _____ Amount of Deposit \$ _____

Bank Name _____ Branch _____
Address _____ City/State _____ Zip _____
Routing/Transit Number _____
Account Type (please check) Checking _____ Savings _____
Checking Acct. No. _____ Savings Acct. No. _____
Amount of Deposit \$ _____ Amount of Deposit \$ _____

This authority is to remain in full force and effect until "City" has received written notification from the recipient of its termination in such a time and manner as to afford "City" a reasonable time to act upon it.

Signature _____
Printed Name _____
Date _____

PLEASE NOTE: **PLEASE NOTE THAT ONCE DIRECT DEPOSIT IS BEGUN, IT CANNOT BE CANCELLED**
If, due to an unforeseen payroll system failure, your direct deposit cannot be made on Thursday afternoon by 3:30 p.m., the entire direct deposit amount will be included in a payroll check issued for that pay period.