

**CITY OF NORTH AUGUSTA
AUTHORIZATION AGREEMENT FOR PAYROLL DIRECT DEPOSIT**

I hereby authorize the City of North Augusta to initiate debit/credit entries to my checking or savings account(s) indicated below and the depositories named below and to debit the same to such account(s).

Primary

 Depository Name

 Please circle: Checking or Savings Account

Bank Transit/ABA No. _____
 Account No. _____
 Please circle: 100% or Other Amount _____

Secondary

 Depository Name

 Please circle: Checking or Savings Account

Bank Transit/ABA No. _____
 Account No. _____
 Please circle: 100% or Other Amount _____

Other

 Depository Name

 Please circle: Checking or Savings Account

Bank Transit/ABA No. _____
 Account No. _____
 Please circle: 100% or Other Amount _____

The authority is to remain in full force and effect until the City of North Augusta has received written notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Name _____

SS# _____

Signature _____

Date _____

Telephone No. () _____

Attach a voided check or MICR statement from the bank

WHEN CHANGING BANKS, YOU MUST LEAVE YOUR OLD ACCOUNT OPEN UNTIL YOU ARE ABLE TO CONFIRM THAT YOUR PAYROLL FUNDS HAVE BEEN DEPOSITED INTO YOUR NEW ACCOUNT.



Received By: _____
 Date Received: _____
 Date Payroll Deposit Change Will Be Effective: _____

Medical Spending Account Yes _____ No _____ Date MoneyPlu\$ Notified _____
 Dep. Care Spending Account Yes _____ No _____ Date MoneyPlu\$ Notified _____