



CITY OF FREEPORT

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize the **City of Freeport** to initiate automatic deposits to my account at the financial institution named below. I also authorize the **City of Freeport** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold the **City of Freeport** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the **City of Freeport** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

NOTE: Due to government regulations, the City of Freeport does not offer ACH direct deposit of funds to a foreign bank or a U.S. financial institution where the entire amount will be forwarded to a bank in another country.

Account Information

Name of Financial Institution: _____

Address: _____

Routing Number: _____

Checking

Savings

Account Number: _____

Signature

Employee Name: _____

Employee Signature: _____ Date: _____

Note: By signing this form you are acknowledging that you understand that you cannot direct the City of Freeport to ACH direct deposit any of your funds to either a foreign bank or to a U.S. Bank which will then forward it to a bank account in another country.

Please attach a voided check to this form and forward it to the Human Resource Department. Thank you!