AUTHORIZATION FOR PAYROLL DIRECT DEPOSIT

EMPLOYEE NAME: _____

EMPLOYEE ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

EMPLOYEE PHONE: _____

BANK: _____

BANK ADDRESS: _____

I HAVE AUTHORIZED THE CITY OF AUBURN TO DEDUCT THE TOTAL AMOUNT INDICATED BELOW FROM MY SALARY EACH PAYDAY FOR CREDIT TO MY ACCOUNT AS FOLLOWS:

TO: ONLY ONE ACCOUNT # PER PAGE PLEASE

CHECKING ACCOUNT #: _____   AMOUNT$: _____

SAVINGS ACCOUNT #: _____   AMOUNT$: _____

BANK ROUTING #: _____

PAY CYCLE: BIWEEKLY

EMPLOYEE SIGNATURE: _____

DATE: _____

CHECK DELIVERY OPTION (please select one with "x"):

PRINT ONLY: _____

PRIMARY EMAIL ONLY: _____

PRIMARY EMAIL & PRINT: _____

ALTERNATE EMAIL ONLY: _____

ALTERNATE EMAIL & PRINT: _____

OVERTIME SELECTION (please select one with "x"):

COMP TIME: _____

OVERTIME PAY: _____