AUTHORIZATION FOR PAYROLL DIRECT DEPOSIT

CUSTOMER NAME: _____

CUSTOMER ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

HOME 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 # PLEASE

CHECKING ACCOUNT#: _____ AMOUNT$_____

SAVINGS ACCOUNT #:_____ AMOUNT$_____

ROUTING NUMBER #: _____

PAY CYCLE: BIWEEKLY

CUSTOMER AUTHORIZATION: _____

DATE: _____