



**City of Maumelle**

**AUTHORIZATION FOR PAYROLL DIRECT DEPOSIT**

EMPLOYEE NAME \_\_\_\_\_ EMPLOYEE NUMBER \_\_\_\_\_

I authorize the City of Maumelle to initiate credit entries to my ( ) Checking ( ) Savings account (select one) indicated below.

BANK NAME: \_\_\_\_\_ Branch \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Transit/ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_  
(nine digits preceding account #)

Amount to be deposited (if using multiple accounts): \_\_\_\_\_

This authority is to remain in full force and effect until the City of Maumelle has received written notification from the employee of its termination.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT! CHECK TYPE OF ACCOUNT: ( ) CHECKING, ( ) SAVINGS**

**ATTACH VOIDED CHECK HERE**