

**AUTHORIZATION FOR DIRECT DEPOSIT OF PAYROLL
(ACH CREDITS)**

COMPANY NAME: CITY OF ST. AUGUSTINE

COMPANY TAX ID NUMBER: 59-6000420

I (we) hereby authorize the City of St. Augustine, hereinafter called COMPANY, to initiate debit entries and adjustments for any credit entries in error to my (our):

☐ Checking Account

☐ Savings Account

Indicated below and the financial institution named below, to debit and/or credit the same to such account.

FINANCIAL INSTITUTION: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NO: _____ ACCOUNT NO: _____
(9 Numbers)

This authority is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and the financial institution, named above, a reasonable opportunity to act on it.

NAMES(S*) _____

DATE: _____ SIGNED: _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM HERE

By signing below, the employee authorizes that he/she will receive a manual check if the direct deposit system is delayed.

(Signature)

(Date)