



# Direct Deposit Authorization

## Account Information

Name of Financial Institution

Account Type

Routing Number

Account Number

Amount to deposit:

- ☐ Net Pay  
☐ Remainder  
☐ Other Amount (Indicated to right)

Other Amount:

I hereby authorize the city of New Hope to initiate automatic deposits to my account at the financial institution named below. I also authorize the city of New Hope 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 New Hope 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 New Hope receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to payroll/hr.

To deposit your pay into multiple accounts, a separate form is required for each account. One account must receive the Remainder of your pay. The other account(s) must receive a specific dollar amount. There is a maximum of three accounts.

## Employee Acknowledgement

Full Name

Employee

Signature

Date Signed

Attach a voided check or direct deposit instructions from your financial institution that includes your the following information **printed** (handwriting will not be accepted): **your name, account number and routing number**. Deposit slips are **NOT** accepted.