



Direct Deposit Authorization

I hereby authorize **CITY OF JONESBORO**, hereinafter called **COMPANY**, to initiate credit entries to my account indicated below and the financial institution named below, hereinafter called **FINANCIAL INSTITUTION**, to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. Direct deposit is a condition of employment with the City of Jonesboro.

Deposit Account

(Financial Institution Name)

(Address) (City/State) (Zip)

(Routing Number) (Account Number)

Type of Acct _____ Checking _____ Savings

Amount to be deposited % (percentage) or Fixed amount
(Circle one)

This authority is to remain in full force and effect until **COMPANY** has received written notification from me of its termination in such time and manner as to afford **COMPANY** and **FINANCIAL INSTITUTION** a reasonable opportunity to act on it.

(Print Employee Name) (Signature)

(Date)

Bank Correspondence is required for Direct Deposit!