



CITY OF BURTON

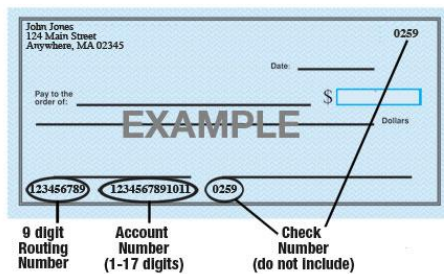
DIRECT DEPOSIT AUTHORIZATION

Complete ALL the information below.

Last, First, Middle Name: _____

E-mail address for direct deposit statements: _____

Last 4 digits of Social Security #: _____ Phone #: _____



Checking Savings Account #: _____ 9-Digit Routing #: _____

Financial Institution Name: _____ Amount: \$ _____ _____ % Entire Paycheck

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Financial Institution Name: _____ Amount: \$ _____ _____ % Entire Paycheck

I hereby authorize the City of Burton to initiate credit entries and if necessary, debit entries to my account(s) indicated above.

This authorization will remain in effect until I modify or cancel it in writing, affording the City of Burton a reasonable opportunity to act on the requested change.

Employee's Signature: _____ Date: _____

****PLEASE RETURN TO DEJA IN HUMAN RESOURCES AT CITY HALL OR E-mail to D.SCOTT@BURTONMI.GOV *
Rev. 10/2023**