



City of Burton

Direct Deposit Authorization

I hereby authorize City of Burton to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below at the financial institution named below.

This authority is to remain in full force and effect until City of Burton has received written notification from me of termination in such time and in such manner as to afford City of Burton a reasonable opportunity to act on.

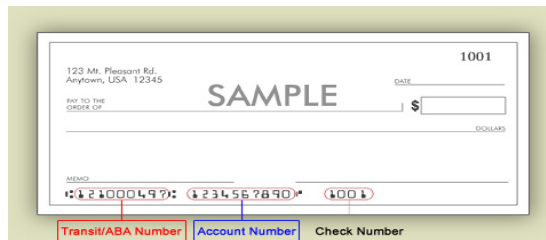
Direct Deposit Information

Checking Savings Account # _____ \$ _____ Net Amount
 Financial Institution Name _____ ABA Transit Routing # _____

Checking Savings Account # _____ \$ _____ Net Amount
 Financial Institution Name _____ ABA Transit Routing # _____

Checking Savings Account # _____ \$ _____ Net Amount
 Financial Institution Name _____ ABA Transit Routing # _____

Checking Savings Account # _____ \$ _____ Net Amount
 Financial Institution Name _____ ABA Transit Routing # _____



Personal Information

Last, First, Middle Name _____

E-mail address to send my direct deposit statement to: _____

Last 4 digits of Social Security # _____ Phone # _____

SIGN HERE PLEASE!

 Signature

 Date

****Please print and return to Louise in Payroll at City Hall.****