



# 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.

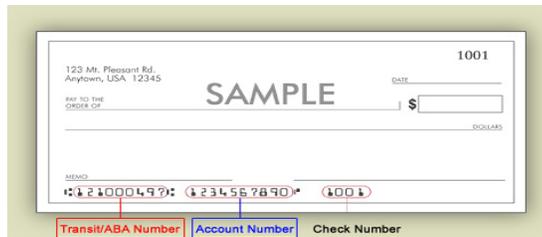
### Direct Deposit Information

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 Bette Bigsby at City of Burton.**