

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 # _____ - _____ - _____

PERSONAL INFORMATION (PLEASE PRINT)

LAST, FIRST, MIDDLE _____

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

LAST 4 DIGITS OF SOC SEC # _____ PHONE _____

SIGNED _____ DATE _____