

# City of Franklin Direct Deposit Authorization

PLEASE LIST DEPOSITS FROM SMALLEST TO LARGEST AMOUNT WITH "NET PAY" LAST



## 1st Deposit

I wish to have \$ \_\_\_\_\_  
of my pay deposited to the following financial institution.

☐ NEW

Bank Name \_\_\_\_\_ ☐ EXISTING

Account No. \_\_\_\_\_ Savings ☐ Checking ☐

Routing No. \_\_\_\_\_ w/direct deposit slip w/voided check

## 2nd Deposit

I wish to have \$ \_\_\_\_\_  
of my pay deposited to the following financial institution.

☐ NEW

Bank Name \_\_\_\_\_ ☐ EXISTING

Account No. \_\_\_\_\_ Savings ☐ Checking ☐

Routing No. \_\_\_\_\_ w/direct deposit slip w/voided check

## 3rd Deposit

I wish to have \$ \_\_\_\_\_  
of my pay deposited to the following financial institution.

☐ NEW

☐ EXISTING

Bank Name \_\_\_\_\_

Account No. \_\_\_\_\_ Savings ☐ Checking ☐

Routing No. \_\_\_\_\_ w/direct deposit slip w/voided check

I authorize City of Franklin to initiate credit entries and, if necessary, to initiate adjustment entries to my account(s) listed above. This authority is to remain in force until City of Franklin has received written notification from me.

Name(Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

. FOR CHECKING ACCOUNT, ATTACH AN ORIGINAL CHECK MARKED VOID

. FOR SAVINGS ACCOUNT, ATTACH AN ORIGINAL DEPOSIT SLIP

**PLEASE NOTE: This Direct Deposit Authorization form can not be processed by the payroll department if the required proof of account and routing number is not attached!**

IF YOU HAVE ANY QUESTIONS CALL MELISSA NEWTON AT (603) 934-3900 X 257