

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 DEBORAH KULACZ AT (603) 934-3900 X 19