

ELECTION OFFICIALS
City of Madison Clerk's Office
Direct Deposit Authorization Agreement

I hereby authorize the City of Madison to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and the financial institution(s) named below to credit and debit the same entries to such account(s).

ACCOUNT NUMBER 1: _____

ROUTING NUMBER: _____

FINANCIAL INSTITUTION: _____

AMOUNT: NET CHECK OR REMAINDER CHECKING SAVINGS

ACCOUNT NUMBER 2: _____

ROUTING NUMBER: _____

FINANCIAL INSTITUTION: _____

AMOUNT: \$ _____ CHECKING SAVINGS

ACCOUNT NUMBER 3: _____

ROUTING NUMBER:: _____

FINANCIAL INSTITUTION: _____

AMOUNT: \$ _____ CHECKING SAVINGS

This authority is to remain in full force and effect until the City of Madison Payroll Office has received written notification from me on its termination in such time and in such manner as to afford the City of Madison a reasonable time to act on it. I understand that, due to circumstances that are beyond the City's control, there may be instances that may delay this deposit.

NAME: _____

LAST 4 DIGITS OF SSN: _____ EMAIL:* _____

SIGNATURE: _____ DATE: _____

*As a participant in Direct Deposit, you will no longer receive a printed check. You will receive an electronic Direct Deposit advice via the email address you provide.

