

DIRECT DEPOSIT AUTHORIZATION FORM

CITY OF MISSOULA

NAME (print) _____

Dept & Phone # _____

Please check the following which apply:

New direct deposit set up....no previous direct deposits set up.
+ New set ups will need one payroll to "prenote" the additional information.

In addition to current direct deposit set up.
+ New set ups will need one payroll to "prenote" the additional information.

Change in current direct deposit set up.
+ New set ups will need one payroll to "prenote" the additional information.

Delete account _____

STOP direct deposit

+ PRENOTE = PAPER CHECK THE FIRST TIME

Financial Institution: _____

Routing Number: _____ Account Number: _____

Account Type: Savings Checking

Deposit Amount: Net Check or \$ _____

2nd Financial Institution: _____

Routing Number: _____ Account Number: _____

Account Type: Savings Checking

Deposit Amount: Net Check or \$ _____

Please attach a voided check or photocopy or printout
from your financial institution to this document

**NO DIRECT DEPOSIT WILL BE SET UP UNTIL WE RECEIVE A VOIDED CHECK
(deposit slips will not be accepted) OR A PRINTOUT WITH YOUR ACCOUNT NUMBER AND ROUTING
NUMBER FROM YOUR FINANCIAL INSTITUTION**

I authorize the City of Missoula and the financial institution listed above to initiate electronic credit entries and if necessary, debit entries and adjustments for any credit entries in error to my account each payday; and verification that the account information is correct and active. This authorization will remain in effect until I have cancelled it in writing.

Signature _____ Date _____