

DIRECT DEPOSIT AUTHORIZATION

(LIMIT THREE ACCOUNTS)

****ATTACH A VOIDED CHECK OR BANK DOCUMENT TO THIS APPLICATION****

NAME: _____ DEPT/DIV: _____

EMPLOYEE NUMBER: _____ MARIETTA EMAIL: _____

I authorize the City of Marietta/Marietta Board of Lights and Water and the financial institutions listed below to deposit the indicated amounts or percent each payday and to initiate adjustments, if necessary, for any entries made in error to my account(s). This authority will remain in effect until I have cancelled it in writing or am no longer an eligible employee of the City of Marietta/Marietta Board of Lights and Water.

☐ NEW ACCOUNT ☐ CANCEL ACCOUNT ☐ CHANGE AMOUNT

FINANCIAL INSTITUTION NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: () CHECKING () SAVINGS

() TOTAL/ REMAINING NET PAY () FIXED DOLLAR (\$) AMOUNT _____ () FIXED PERCENT (%) AMOUNT _____

☐ NEW ACCOUNT ☐ CANCEL ACCOUNT ☐ CHANGE AMOUNT

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FINANCIAL INSTITUTION NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: () CHECKING () SAVINGS

() TOTAL/REMAINING NET PAY () FIXED DOLLAR (\$) AMOUNT _____ () FIXED PERCENT (%) AMOUNT _____

AGREEMENT

In consideration of participation in the Direct Deposit program the employee agrees to hold harmless the City/BLW, its agents, assigns, employees from and against all claims, demands, liabilities, suits, judgments and decrees, losses and costs, and expenses of any kind or nature whatsoever.

SIGNATURE: _____ DATE: _____

TERMINATION OF DIRECT DEPOSIT PROGRAM

The City/BLW has established the Direct Deposit program with the intention and expectation that it will be continued indefinitely, but the City/BLW will have no obligations whatsoever to maintain the Direct Deposit program for any given length of time and may discontinue or terminate the program at any time if it is in the best interest of the City/BLW.