

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

City of Newton

56-6001301

Name: _____ Emp. No. _____

Social Security Number: _____

_____ New

_____ Change

FOR DEPOSIT TO (indicate one):

_____ Checking Account _____ Savings Account

ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP

Name of Bank _____

Bank Address _____
(City) (State) (Zip Code)

Bank Transit/ABA No. _____ Your Bank Account No. _____
- - - - -

I authorize the City of Newton to make deposits to my account as indicated. I also authorize any necessary debit entries or adjustments for entries made in error to my account.

Signature Date

For office use only: _____ Prenote _____ Payroll