## City of Madison 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). If this is changing banking information, please provide the previous account information.

PREVIOUS FINANCIAL INSTITUTION 1:		NEW FINANCIAL INSTITUTION 1:	
PREVIOUS ROUTING NUMBER 1:		NEW ROUTING NUMBER 1:	
PREVIOUS ACCOUNT NUMBER 1:		NEW ACCOUNT NUMBER 1:	
AMOUNT 1:	Net Check		SAVINGS
PREVIOUS FINANCIAL INSTITUTION 2:		NEW FINANCIAL INSTITUTION 2:	
PREVIOUS ROUTING NUMBER 2:		NEW ROUTING NUMBER 2:	
PREVIOUS ACCOUNT NUMBER 2:		NEW ACCOUNT NUMBER 2:	
AMOUNT 2:	\$	AMOUNT 2: \$	SAVINGS
PREVIOUS FINANCIAL INSTITUTION 3:		NEW FINANCIAL INSTITUTION 3:	
PREVIOUS ROUTING NUMBER 3:		<b>NEW</b> ROUTING NUMBER 3:	
PREVIOUS ACCOUNT NUMBER 3:		NEW ACCOUNT NUMBER 3:	
AMOUNT 3:	\$	AMOUNT 3: \$	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.

MUNIS EMPLOYEE NUMBER REQUIRED:	NAME:	
PREVIOUS EMAIL:	NEW 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.	Joe Smith 1234 Anystreet Court Anycity, AA 12345 Pay to the order of	1234
	Bank Anywhere    123456789    123456789123    1234    123456789    123456789123    1234	Dollars