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Authorization Agreement for Direct Deposits (ACH Credits)

City of Palmer ID Number 92-6000194

I (we) hereby authorize the City of Palmer, hereinafter called COMPANY, to initiate credit entries to my (our) (select one): \Box Checking Account \Box Savings Account indicated below at the depository financial institution named below, hereafter called BANK, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name:			
Branch:			
City:	State:	Zip:	
Account Number:			
Routing Number:			
This authorization is to remain in full force and (or either of us) of its termination in such a tim a reasonable opportunity to act on it.			
Printed Name(s):			

Department: _____ Date: _____ Signature(s): _____

Please attach a voided check, deposit slip, or letter from the bank

For Office Use Only:		
Date Received by HR/Fire/Clerk:	Received By:	
Date Entered Into Payroll:	_ Entered By:	
Date Entered Into Bank System:	Entered By:	
File original for retention with \Box PR for emp file \Box City Clerk's Office for CC/B/C Member's file. Date Received by PR/Clerk's Office:		

This form was developed by the City Clerk's Office in collaboration with PR. Please see the City Clerk for updates. Updated: 11/2/2020 S:\CityClerk\Forms\Finance\Direct Deposit Authorization.docx