

**CITY OF HAMILTON, OHIO
Direct Deposit Authorization Agreement**

I hereby authorize the City of Hamilton Department of Finance to initiate credit entries to my financial institution account indicated below for recurring payroll transactions. I understand that if corrections in the credit amount are necessary, it may involve an adjustment (credit or debit) to my account. This authority is to remain in full force and effect until the City has received written notification from me of its termination in such time and in such manner as to allow the City and Financial Institution reasonable opportunity to act on it.

(PLEASE TYPE OR PRINT)

Employee Name: _____

Social Security Number: _____

Financial Institution Name: _____

City, State: _____

Signature: _____ Date: _____

Check One: Checking Account Savings Account

**FOR CHECKING PLEASE ATTACH VOIDED CHECK OR OTHER BANK DOCUMENTATION
HERE-A DEPOSIT SLIP IS NOT ACCEPTABLE FOR THIS INFORMATION**

**ATTACH VOIDED CHECK
OR
OTHER PRINTED
BANK DOCUMENTATION**

INCORRECT INFORMATION WILL CAUSE UP TO 2 WEEK DELAY IN PAYROLL DEPOSIT.

***Employee must notify City of Hamilton, Department of Finance, in writing of any
change in employee financial institution or change in employee financial
institution account.***