## City of Asbury Direct Deposit Authorization Form

Please print and complete ALL the information below. Name: Address: City, State, Zip: John Jones 124 Main Street Anywhere, MA 02345 0259 (1234567891011) 9 digit Account Check Routing Number Number (do not include) (1-17 digits) Name of Bank: Account #: 9-Digit Routing #: Type of Account: Checking Savings (Circle One) Please attach a voided check for each bank account to which funds should be deposited. The City of Asbury is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing. Employee Signature: Date: