



# DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE NAME	SOCIAL SECURITY#

I recognize that the City of Freeport making direct deposits of my salary to financial institutions is a service provided by the City of Freeport and is of benefit to me.

I authorize the City to withhold the net amount of salary and other payments payable to me for each pay period, and deposit that amount in the banking institution designated below. I accept full responsibility for the accuracy of the account information being provided.

In consideration of the City making direct deposits through an agreement with the bank listed below, I release the City of Freeport from any and all liability, waive all claims for direct, indirect any consequential damages resulting from errors or omissions, if any, made by the City of Freeport Council, agents, or employees, or by the bank listed below, from any claims for damage resulting from failure of either the City or the bank listed below to act in good faith.

I agree that it is my responsibility and not the responsibility of the City of Freeport to verify that the payments to me have been deposited. I will not hold the City or its employees responsible for damages that may occur if the deposit is not made on the payroll date designated by the City.

Signature: \_\_\_\_\_  
*must be signed*

Date: \_\_\_\_\_

**NOTE: You may submit a deposit slip or a voided check in place of the information below.**

NAME OF BANK		ROUTING NUMBER (9 digit number)	
TYPE	ACCOUNT NAME	ACCOUNT#	AMOUNT / % OF NET

*TYPE: CHECKING, SAVINGS*

**IF YOU WANT TO DEPOSIT TO A 2ND BANK PLEASE COMPLETE THE FOLLOWING:**

NAME OF BANK		ROUTING NUMBER (9 digit number)	
TYPE	ACCOUNT NAME	ACCOUNT#	AMOUNT / % OF NET

*Please return completed form to: Human Resources located in City Hall*