**City of Winner**

**Employee Direct Deposit Authorization**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Instructions\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Employee**: Fill out and return to employer

**Employer**: Save for personnel files only

This document must be signed by the employee requesting Automatic Deposit of payroll and retained by the employer

Employees must attach a voided check for each of their accounts to help verify their account(s) and routing numbers.

**Account Type:**  Checking Savings

**Routing Number (ABA number)**:

**Account Number**:

Attach a voided check to the space for each account.

**Authorization**

This form authorizes The City of Winner (“Company”) to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other account I (we) identify in the future (the “Account”). This authorize the financial institution holding the Account to post all such entries. I agree that he ACH transactions authorized herein shall comply with all applicable US Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized Signature: Employee ID #:

Print Name: Date: