



CITY OF HAGERSTOWN

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize the City of Hagerstown to initiate automatic deposits to my account(s) at the financial institution(s) named below. This agreement will remain in effect until a written notice of cancellation from me or my financial institution is submitted to the Human Resources Department. **Please note that new employees must participate in the direct deposit program during their first year of employment.** In the event that subsequent to this request, my Employer notifies the Financial Institution(s) that funds to which I am not entitled have been deposited to my account inadvertently, I hereby authorize and direct the Financial Institution(s) to return said funds to the Payroll Department, City of Hagerstown, as soon as possible.

PRIMARY ACCOUNT – NET DEPOSIT

IMPORTANT: Changing the financial institution or account number for your direct deposit will take 2 (two) pay periods to process. Therefore, during the pay period that your original NET PAY deposit has been cancelled, you will receive a printed paycheck which you must deposit into your financial institution.

| | | | |
|--------------------------------|---|--|--|
| Please Indicate: | <input type="checkbox"/> New Enrollment | <input type="checkbox"/> Change Enrollment | <input type="checkbox"/> Cancel Enrollment |
| Name of Financial Institution: | | | |
| Routing Number: | | HR USE ONLY FUNCTION CODE: 9999 | |
| Account Number: | | Checking <input type="checkbox"/> | Savings <input type="checkbox"/> |
| Amount to Deposit: | Net Pay | | |

SECONDARY ACCOUNT – FIXED DEPOSIT

| | | | |
|--------------------------------|--|--------------------------------------|-------------------------------------|
| Name of Financial Institution: | | | |
| Routing Number: | | HR USE ONLY FUNCTION CODE: _____ | |
| Account Number: | | Checking <input type="checkbox"/> | Savings <input type="checkbox"/> |
| Amount to Deposit: | | | |

NOTE: Attach a blank personal check marked “void” to this form. If you do not have a check to attach, please obtain a signed letter from your financial institution that indicates the name and telephone number of the financial institution, routing number, account number, type of account, and valid officer’s signature

DEPOSIT SLIPS AND ‘STARTER’ CHECKS CANNOT BE ACCEPTED

Signature

| | | | |
|-----------------------|--|------------------|--|
| Authorized Signature: | | Date: | |
| Printed Name: | | Employee Number: | |

Please return completed form to the Human Resources Department.