City of Madison Direct Deposit Authorization Agreement

I hereby authorize the City of Madison to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and the financial institution(s) named below to credit and debit the same entries to such account(s). If this is changing banking information, please provide the previous account information.

PREVIOUS FINANCIAL INSTITUTION 1:		NEW FINANCIA INSTITUTION 1:		
PREVIOUS ROUTING NUMBER 1:		NEW ROUTING NUMBER 1: NEW ACCOUNT NUMBER 1:		
PREVIOUS ACCOUNT NUMBER 1:				
AMOUNT 1:	Net Ch	eck	NET CHECKING:	NET CHECKING: SAVINGS
PREVIOUS FINANCIAL INSTITUTION 2:		NEW FINANCIA INSTITUTION 2:		
PREVIOUS ROUTING NUMBER 2:		NEW ROUTING NUMBER 2:		
PREVIOUS ACCOUNT NUMBER 2:		NEW ACCOUNT NUMBER 2:	г	
AMOUNT 2:	\$	AMOUNT 2: \$	CHECKING	SAVINGS
PREVIOUS FINANCIAL INSTITUTION 3:		NEW FINANCIA INSTITUTION 3:		
PREVIOUS ROUTING NUMBER 3:		NEW ROUTING NUMBER 3:		
PREVIOUS ACCOUNT NUMBER 3:		NEW ACCOUNT NUMBER 3:	г	
AMOUNT 3:	\$	AMOUNT 3: \$	CHECKING	SAVINGS
written notification fr Madison a reasonab	om me on its ter le time to act on i	e and effect until the City mination in such time and i. I understand that, due to ay delay this deposit.	in such manner as to af	ford the City of
MUNIS EMPLOYEE NUM	IBER REQUIRED:	NAME:		
PREVIOUS EMAIL:		NEW EMAIL:*		
SIGNATURE:		DATE:		
*As a participant in Direct Deposit, you will no longer receive a printed check. You will receive an electronic Direct Deposit advice via the email address you provide.		Joe Smith 1234 Anystreet Court Anycity, AA 12345 Pay to the order of	APLE.	1234
the email address yo	ou provide.	Bank Anywhere	SAM	_ Dollars
		[CAN 1. CAN 1. C	456789123 1234	
	1	Routing No. A	ccount No. Check No.	