



City of Freeport

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize the **City of Freeport** to initiate automatic deposits to my account at the financial institution named below. I also authorize the **City of Freeport** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold the **City of Freeport** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the **City of Freeport** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Address: _____

Routing Number: _____

Checking

Savings

Account Number: _____

Signature

Employee Name: _____ SSN: _____

Employee Signature: _____ Date: _____

Please attach a voided check and return this form to the Human Resource Department. Thanks!