

CITY OF ST. JOSEPH
DIRECT DEPOSIT AUTHORIZATION FORM

I, _____, hereby:

Authorize the City of St. Joseph, and its agents, including financial institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account(s) listed below.

Revise direct deposit bank account(s) as indicated below:

This authorization will remain in effect until I have informed the City of St. Joseph in writing that I wish to revise it and the City of St. Joseph has had reasonable time to affect such revision. I understand I should contact my bank to verify receipt of funds.

Signature: _____

Date: _____

Pay Order	Financial Institution	Account Type	Routing Number	Account Number	Deposit Amount	Deposit %
1						
2						
3						
4						

Return completed form to City of St. Joseph Personnel Department or Lmoore@sjcity.com