## **AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)**

I hereby authorize the City of San Angelo, hereinafter called CITY, to initiate credit entries to my ( ) checking ( ) savings account (select one) indicated below at the depository financial institution named below, hereinafter

## City of San Angelo

Depository Name	Branch	
City	State Zip	
Routing Number*Checking: Voided Ch	Account Number Account Number neck Only (Deposit Slips will not be acceptable) Savings: Something with Routing# & Accounts	#
	emain in full force until CITY has received written notification from me of its tenner as to afford CITY and DEPOSITORY a reasonable opportunity to act or ent for final check.	
Employee Complete Nam	ne(Please print clearly)	
END PAYROLL. AUTHOON THE 15 <sup>TH</sup> PAYROLL.	el direct deposit, do not close your checking/savin account until after you have cancel	EPOSIT
Date:	Signature be revoked only by notifying the originator in the manner specified in the authorization.	-
TTO 12. THIS dution Lation may		
nto i <u>e</u>	CANCEL DIRECT DEPOSIT	
City of San Angelo		
City of San Angelo	CANCEL DIRECT DEPOSIT  of San Angelo (CITY) to discontinue direct deposit to my ( ) checking ( ) savings acco	ount at
City of San Angelo I hereby authorize the City of the financial institution name	CANCEL DIRECT DEPOSIT  of San Angelo (CITY) to discontinue direct deposit to my ( ) checking ( ) savings acco	ount at
City of San Angelo I hereby authorize the City of the financial institution name. Financial Institution	CANCEL DIRECT DEPOSIT  of San Angelo (CITY) to discontinue direct deposit to my ( ) checking ( ) savings accorded below:	
City of San Angelo I hereby authorize the City of the financial institution name Financial Institution  City	CANCEL DIRECT DEPOSIT  of San Angelo (CITY) to discontinue direct deposit to my ( ) checking ( ) savings accorded below:  Branch	
City of San Angelo I hereby authorize the City of the financial institution name Financial Institution  City  Routing Number*	CANCEL DIRECT DEPOSIT  of San Angelo (CITY) to discontinue direct deposit to my ( ) checking ( ) savings accorded below:  Branch State Zip	

Note: Please do not close your checking/savings account until you have filled out a cancellation form through the Finance Department. Also note that any cancellation forms received after the above dates will not be processed until after the next payroll.