



DIRECT DEPOSIT AUTHORIZATION FORM

Name: _____
(As it appears on your paycheck)

Address: _____
Street City State Zip

I (we) hereby authorize the City of Fort Oglethorpe to initiate entries to my checking/savings accounts at the financial institution(s) listed below, and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until the City of Fort Oglethorpe is notified by me (us) in writing to cancel it in such time as to afford the City of Fort Oglethorpe and the financial institution a reasonable opportunity to act on it.

Order	Financial Institution Name and Location	Type of Account	Routing #	Account #	Amount
1					
2					
3					
4					
5					

(Signature)

(Date)