



# DIRECT DEPOSIT AUTHORIZATION FORM

**Name:** \_\_\_\_\_  
Name as it appears on your paycheck

**Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street

\_\_\_\_\_, \_\_\_\_\_ Zip  
City State

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:** \_\_\_\_\_

*Note: Please verify that all Routing numbers and Account numbers are correct.*