



DIRECT DEPOSIT AUTHORIZATION

If you wish to have your paycheck deposited into multiple accounts and elect to have a specific dollar amount deposited into a secondary account, please enter 100% for your primary account and the specific dollar amount for each secondary account. If you wish to use percentages for all accounts, please ensure all accounts add up to 100%.

%	OR	\$	Financial Institution Name	Routing Number	Account Number	Type of Account
	OR					
	OR					
	OR					
	OR					

In order to validate account and routing numbers, please attach a blank deposit slip or voided check for each account.

Effective Date: _____

If this date is not provided, the direct deposit will occur on the pay date following receipt of this completed document.

I authorize the City of Horseshoe Bay to make payroll direct deposit into the accounts listed above.

Employee Signature

Date

Printed Name