

CITY OF BROCKTON

AUTHORIZATION AGREEMENT FOR EMPLOYEE DIRECT PAYROLL DEPOSIT

Employee Name:	Effective Date:
Employee ID:	Phone:
BANK INFORMATION	
Deposit Priority (1) – Deducts this amount 1st New Delete Change New Amount \$	Allow Partial Deduction Full Deposit or Balance
Bank Transit/Routing# (9 digits):	
Deposit Priority (2) − Deducts this amount 2nd New □ Delete □ Change New Amount \$	Allow Partial Deduction Full Deposit or Balance
Bank Transit/Routing# (9 digits):	
Deposit Priority (3) − Deducts this amount 3rd □ New □ Delete □ Change New Amount \$	Allow Partial Deduction Full Deposit or Balance
Bank Transit/Routing # (9 digits):	Account Number:
Bank Name:	Checking Savings
Deposit Priority (4) – Deducts this amount 4th ☐ New ☐ Delete ☐ Change New Amount \$	Allow Partial Deduction Full Deposit or Balance
Bank Transit/Routing # (9 digits):	Account Number:
Bank Name:	
Deposit Priority (5) − Deducts this amount 5th New □ Delete □ Change New Amount \$	Allow Partial Deduction Full Deposit or Balance
Bank Transit/Routing # (9 digits):	Account Number:
Bank Name:	Checking
I herby authorize the City of Brockton to deposit my net pay as indicated above at the financial institution(s) named above. I understand and agree to hold the above named financial institution(s) harmless for any erroneous deposits or adjustments not caused by the financial institution.	
It is understood that I may terminate this agreement at any time by written notification to the Human Resources Department. Any such notification to the City shall be effective only with respect to entries initiated by the City after receipt of such notification and reasonable opportunity to act upon it.	
EMPLOYEE SIGNATURE:	DATE: