City of South Bend

Direct Deposit Authorization

(Deposits can be made to various banks but to only one account at each individual institution.)

Name of Banking Institution: _____

Account Number: _____

Type of Account: Checking: _____ **Savings:** _____

Direct Deposit Amount: (Select either net pay or write in dollar amount)

Net: _____ **Dollar Amount: $**_____

Name (Please Print):_____

Social Security Number: _____ - _____ - _____

I hereby authorize the City of South Bend to deposit the amount I have indicated with the above financial institution and to initiate, if necessary, debit entries and adjustments for any credit entries in error. This authority is to remain in full force and effect until the city of South Bend has received written notification from me of its termination in such time and in such manner as to afford the City of South Bend and my financial institution a reasonable opportunity to act on it.

Signature: _____ **Date:** _____

PLEASE ATTACH A VOIDED CHECK BELOW: