

AUTHORIZATION AGREEMENT FOR AUTOMATED PAYROLL DEPOSITS (CREDITS)

I hereby authorize and request the City of Santa Fe to make payment of any amounts owing to me by initiating credit entries **to my account** indicated below in the bank named below, hereinafter called BANK, and I authorize and request BANK accept any credit entries initiated by City of Santa Fe to such account and to credit the same to such account without responsibility for the correctness thereof:

FIN022.pmd-3AJ3

BANK NAME		DEPOSITOR'S ACCOUNT NO.	
<p>It is understood that this agreement may be terminated by me at anytime by written notification to City of Santa Fe. Any such notification to City of Santa Fe shall be effective only with respect to entries by City of Santa Fe after receipt of such notification and a reasonable opportunity to act on it.</p>		AMOUNT IF APPLICABLE \$ _____ TYPE OF ACCOUNT: CK SAV (CIRCLE ONE)	
CUSTOMER NAME (PRINT)		<input type="checkbox"/> CHANGE AMOUNT	<input checked="" type="checkbox"/> CHANGE ACCOUNT#
SOCIAL SECURITY# _____ DATE _____		<input type="checkbox"/> CHANGE BANK	<input type="checkbox"/> STOP
SIGNATURE			
THIS SECTION TO BE COMPLETED BY THE CITY OF SANTA FE			
EMPLOYEE# _____	<input checked="" type="checkbox"/> DDCHK	<input checked="" type="checkbox"/> DDSAV	<input checked="" type="checkbox"/> DSVG
DEPT. # _____	0 DDSV1	0 DDSV2	0 DDSV3
			CITY OF SANTA FE I.D. NO. 85-6000168
BANK VERIFICATION			
Bank Code	Transit Routing Number		Account Number Information
[[]]	• =	: •	
THE ABOVE INFORMATION	Transit BANK	ABA	OFFICER'S SIGNATURE
HAS BEEN VERIFIED			

NOTE: Please attach a copy of a voided check for all checking accounts and a voided deposit slip for all savings accounts.

City of Santa Fe

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