

# 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-3/03

BANK NAME		DEPOSITOR'S ACCOUNT NO.	
It is understood that this agreement may be terminated by me at any time 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.		AMOUNT IF APPLICABLE \$ _____	
		TYPE OF ACCOUNT: CK SAV (CIRCLE ONE)	
CUSTOMER NAME (PRINT)		<input type="checkbox"/> CHANGE AMOUNT	<input type="checkbox"/> CHANGE ACCOUNT #
SOCIAL SECURITY #		<input type="checkbox"/> CHANGE BANK	<input type="checkbox"/> STOP
DATE	SIGNATURE		

## THIS SECTION TO BE COMPLETED BY THE CITY OF SANTA FE

EMPLOYEE # _____	<input type="checkbox"/> DDCHK	<input type="checkbox"/> DDSAV	<input type="checkbox"/> DSVG	CITY OF SANTA FE I.D. NO. <b>85-6000168</b>
DEPT. # _____	<input type="checkbox"/> DDSV1	<input type="checkbox"/> DDSV2	<input type="checkbox"/> DDSV3	

### BANK VERIFICATION

Bank Code	Transit Routing Number	Account Number Information
<input type="text"/>	<input type="text"/>	<input type="text"/>
Transit	ABA	
THE ABOVE INFORMATION HAS BEEN VERIFIED	BANK	OFFICER'S SIGNATURE

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

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City of Santa Fe