



DIRECT DEPOSIT ENROLLMENT FORM

I hereby authorize the City of Marion to directly deposit my pay in the bank account(s) listed below in the percentages specified. (If two accounts are designated, deposits are to be made in whole percentages of pay to total 100%.) I have attached a voided personalized check (checking accounts), deposit slip (savings accounts) or documentation provided by my financial institution as verification for each account specified below. No more than two accounts may be designated. This authorization is to remain in force until the Company has received written authorization from me of its termination or change. Also, I hereby grant the City of Marion the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Account #1 (Check only one) [] Checking [] Savings

Financial Institution: _____ City, State and Zip Code: _____

Account Number: _____ ABA (Routing) Number: _____

Amount of pay to be deposited into this account: \$ _____ or _____ %

Account #2 (Check only one) [] Checking [] Savings

Financial Institution: _____ City, State and Zip Code: _____

Account Number: _____ ABA (Routing) Number: _____

Amount of pay to be deposited into this account: \$ _____ or _____ %

Name (PRINT): _____

Signature: _____ **Date:** _____

I choose to opt out at this time _____