



MILAN

Connect with what matters

Direct Deposit Authorization Form	
Employee Information	
Employee Name	Social Security Number
Employee Address	City, State, Zip
Email Address	Phone Number (area code and number)
Financial Institution #1	
Name of Depository Financial Institution (DFI)	Routing/Transit Number
Account Number	Type of Account (Checking or Savings)
Amount to Deposit (flat \$ amount, %age, or remainder)	<i>Please attached a voided check to this form</i>
Financial Institution #2	
Name of Depository Financial Institution (DFI)	Routing/Transit Number
Account Number	Type of Account (Checking or Savings)
Amount to Deposit (flat \$ amount, %age, or remainder)	<i>Please attached a voided check to this form</i>
Financial Institution #3	
Name of Depository Financial Institution (DFI)	Routing/Transit Number
Account Number	Type of Account (Checking or Savings)
Amount to Deposit (flat \$ amount, %age, or remainder)	<i>Please attached a voided check to this form</i>
<p>I hereby authorize the City of Milan to make deposits in the account(s) identified above and authorize the depository financial institution(s) to accept these deposits. Adjusting entries to correct errors are also authorized. It is agreed that these deposits and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to the City of Milan.</p>	
Signature	Date