DELTA CITY

Direct Deposit Agreement Form – CHANGE FORM

Employee Name: _____

Authorization Agreement

I hereby authorize DELTA CITY to initiate automatic deposits to my account at the financial institution named below. I also authorize DELTA CITY to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold DELTA CITY responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until DELTA CITY receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Request:	Financial Institution:	Routing #:	Account #:	Type:	Amount:
☐ Add ☐ Remove				☐ Checking ☐ Savings	☐ $_____ ☐ Balance
☐ Add ☐ Remove				☐ Checking ☐ Savings	☐ $_____ ☐ Balance
☐ Add ☐ Remove				☐ Checking ☐ Savings	☐ $_____ ☐ Balance

Signature

Authorized Signature: _____ Date: _____