

City of Hemet
Authorization Agreement for Automatic Deposits (ACH Credits)

I hereby authorize the City of Hemet to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below, and the depository named below to credit/debit the same to such account.

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| New Agreement | <input type="checkbox"/> |
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| Change (List ALL accounts) | <input type="checkbox"/> |
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| Depository Name | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transit Routing Number | | | | | | | | | | Account Number | | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | |
| TYPE OF ACCOUNT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHECKING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SAVINGS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

24 pay periods _____ 26 pay periods _____

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| Depository Name | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transit Routing Number | | | | | | | | | | Account Number | | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | |
| TYPE OF ACCOUNT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHECKING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SAVINGS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

24 pay periods _____ 26 pay periods _____

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| Depository Name | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transit Routing Number | | | | | | | | | | Account Number | | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | |
| TYPE OF ACCOUNT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHECKING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SAVINGS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

24 pay periods _____ 26 pay periods _____

This authority is to remain in effect until the City of Hemet has received appropriate notification from me of its termination in such time and such manner as to afford the City of Hemet and the Depository a reasonable opportunity to act on it.

In the event that the City of Hemet is unable to initiate my credit by the deadline, I am fully aware that my credit may not be at my financial institution until the next available business day. I will be notified by the City of Hemet in this event.

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| Employee Name | Employee Number |
| Employee Signature | Date |

PLEASE ATTACH A VOIDED CHECK FOR EACH CHECKING ACCOUNT

Your new or additional direct deposit will test on the first pay period and will be effective on the second pay period after it is received in Payroll