



Direct Deposit Agreement Form

Company ID Number: 94-6000356

Cancel current direct deposit: Yes Replace with new account below
No, keep current and add new account below

Authorization Agreement

I hereby authorize City Of Lincoln to initiate automatic deposits to my account per pay period at the financial institution named below. I also authorize City Of Lincoln to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold City Of Lincoln or its employees 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. I understand that on a rare occasion there may be a delay in the deposit of funds by a few days, and agree to hold City of Lincoln and its employees harmless.

This agreement will remain in effect until City Of Lincoln 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

Name of Financial Institution:

Routing Number: Amount/Percent /Pay Period

Account Number: Checking Savings

Signature

Authorized Signature: Date:

Print Name:

Please attach a voided check here, and return this form to the Payroll Department.