

CITY OF MONTEBELLO

ELECTRONIC DEPOSIT AUTHORIZATION

I hereby authorize the City of Montebello to initiate deposits (credits) and/or corrections to the previous credits to the financial institution(s) indicated. The financial institution(s) is authorized to credit and/or correct the amounts to my account. This authority is to remain in full force and effect until either I revoke it by giving **10 days** prior written notice to the City of Montebello or upon termination of my employment.

Employee's Name (print)

Social Security Number

Employee's Signature

Date

Action: Start Change Cancel
(check one)

DEPOSIT ACCOUNT INFORMATION

Financial Institution (Bank, Saving & Loan, Credit Union)

(Percentage)

City

Account Number

ABA Number

Type of Account: Checking/Sharedraft Savings

Financial Institution (Bank, Saving & Loan, Credit Union)

(Percentage)

City

Account Number

ABA Number

Type of Account: Checking/Sharedraft Savings

Financial Institution (Bank, Saving & Loan, Credit Union)

(Percentage)

City

Account Number

ABA Number

Type of Account: Checking/Sharedraft Savings

Important: For deposits to a checking or sharedraft account, please attach a **VOIDED** check to this form.