

**City of Lawrence**  
**Direct Deposit Agreement Form**

**Authorization Agreement**

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

Further, I agree not to hold the City of Lawrence 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.

**If Bank Information needs to be updated, it is the employee's responsibility to inform the Payroll Department.**

**Personal Information**

Employee Full Name:

Employee ID:

**Account Information**

Name of Financial Institution

☐ Checking

☐ Savings

Routing Number

Amount

Account Number

Name of Financial Institution

☐ Checking

☐ Savings

Routing Number

Amount

Account Number

**Please provide a copy of check or bank information and return this form to the Payroll Department.**

**Account Information Update**

Name of Financial Institution

Routing Number

☐ Checking

☐ Savings

Account Number

Amount

**Employee Signature**

Employee Signature:

Date

Print Form

Updated: 04/06/2022