

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