



**CITY OF BROOKSVILLE
AUTHORIZATION FOR DIRECT DEPOSIT**

Name: _____
(Please Print)

Department: _____ Effective Date: _____

Indicate One Option: ___ Start ___ Cancel ___ Change

Name of Bank or Credit Union: _____

Branch Location/Number: _____

****Attach a cancelled check or deposit slip for checking or savings account****

Checking Account No.: _____

Net Pay or Amount per pay period \$ _____ or _____ %

Savings Account No.: _____

Net Pay or Amount per pay period \$ _____ or _____ %

I hereby authorize City of Brooksville to make deposits based on the information provided. By electing direct deposit, I release City for any liability for transfer errors, financial institution errors and from the results of transactions between the financial institution and myself. If there is an error made in my pay, I authorize the City to debit or credit my account for the amount of that error.

This authorization is to remain in effect until the City of Brooksville has received a new Authorization for Direct Deposit reflecting change or cancellation in such a time and manner as to afford the City and my financial institution reasonable opportunity to act on it.

Employee Signature: _____ Date: _____

ALL FORMS MUST BE RETURNED TO HUMAN RESOURCES