

City of Little Rock
Direct Deposit Agreement

Employee Name _____ Employee ID# _____

Social Security Number _____

Financial Institution(s)

Primary

Are you replacing an existing account? Yes No

Bank or Credit Union Name _____ Routing Number _____

Account Number _____ Checking Savings

Secondary

Are you replacing an existing account? Yes No

Are you changing amount only? Yes No

Bank or Credit Union Name _____ Routing Number _____

Account Number _____ Checking Savings

Dollar Amount: _____

PLEASE ATTACH A PRE-PRINTED VOIDED CHECK OR AN OFFICIAL FORM FROM THE FINANCIAL INSTITUTION, CONTAINING THE REQUIRED INFORMATION. ANY FORMS RECEIVED BY PAYROLL WITHOUT THE PROPER BACKUP WILL BE RETURNED. 'A DEPOSIT SLIP WILL NOT BE ACCEPTED'.

Authorization

I hereby authorize the City of Little Rock to initiate direct deposit credit entries to my checking/savings account indicated above and the Financial Institution above to post the same to such account.

I understand that signing up for primary direct deposit, all payments issued to me by the City of Little Rock will post to my primary account.

This authorization is to remain in force until the City of Little Rock receives notice of cancellation from me. The notice of cancellation must be received at least 30 days prior to cancellation and in such a manner as to afford the City of Little Rock reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by the City of Little Rock prior to receipt of the notice of cancellation. (Note: The City and the bank may cancel the agreement for direct deposit upon ten days notice. If such a cancellation occurs, then direct deposit to the employee's account will terminate despite the provisions of this agreement.)

I further authorize the City of Little Rock to initiate such debit entries to said account as may be necessary to correct any erroneous credit entries previously initiated thereto and I authorize the Financial Institution to accept and to credit or debit the amount of such entries.

All entries initiated hereunder are to be governed in all aspects by the rules of the Mid-America Payment Exchange as now or hereafter in effect.

Signed _____ Date _____

CANCELLATION ONLY

I hereby **cancel** the authorization for the City of Little Rock to originate direct deposit entries to my checking/savings account indicated above, effective on _____.

Signed _____