

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

City of West Des Moines

I hereby authorize the City of West Des Moines to initiate credit entries to my account listed below. The authority is to remain in full force until the City of West Des Moines has received written notification from me of its termination in such time manner as to afford the city and financial institution a reasonable opportunity to act on it.

Financial Institution	*Routing #	Account #	Type:	Amount
			<u>Checking</u> <u>Savings</u> (circle one)	
1.			C / S	NA
2.			C / S	
3.			C / S	
4.			C / S	
5.			C / S	
6.			C / S	
7.			C / S	

THE FIRST FINANCIAL INSTITUTION SHOULD BE YOUR **PRIMARY** ACCOUNT. IF THERE ARE NOT ENOUGH FUNDS TO MAKE ALL DEPOSITS, THE PRIMARY ACCOUNT WILL BE THE DEFAULT.

NAME _____

DATE _____

SIGNATURE _____

EMPLOYEE # _____

*The routing number is the nine digit number that appears on the bottom left of a check or deposit slip.



PLEASE INCLUDE A VOIDED CHECK OR DEPOSIT SLIP WITH AUTHORIZATION.