The City of Youngstown
Authorization Agreement for
Payroll Automatic Deposit (ACH Credits)
For Bi-weekly Payroll

I hereby authorize the **City of Youngstown** to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account listed below for bi-weekly payroll payments. **You MUST attach a copy of a check, a VOIDED check, or a savings account statement that shows the account information from the bank.** **A deposit ticket can no longer be accepted as of 09/07/04 because the routing number is inconsistent between checks and deposit slips.**

Financial Institution Name: _____

Bank Routing /Transit/ABA#: ☐☐☐☐☐☐☐☐☐

Type of Account: Choose Only One ☐ Checking ☐ Savings

Acct No: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Direct Deposit Code: ☐ N = New ☐ X = Cancel

This authority is to remain in full force until the **City of Youngstown** has received written notification from me, the employee, of its termination in such timely manner as to afford the **City of Youngstown** and the Financial Institution a reasonable opportunity to act on it.

Employee Name (**please print**): _____

Clock Number: _____

Signature: _____ Date: _____

Revised 02/08