



# Payroll Direct Deposit Authorization

## AUTHORIZATION AND ORDER FOR PAYROLL WARRANTY DISPOSITION TO BANK

The Treasurer of the City of Maryville, Missouri, is hereby authorized and requested to deliver all of my payroll warrants or checks to the following named bank.

Endorsement by or in the name of said bank for deposit shall be accepted with the same effect as if endorsed by me personally and the statement of earnings shown on said check shall be deemed received by me.

Said bank is hereby authorized to credit such payments to the name(s) and account number shown below.

This authorization shall become effective beginning with the first payroll date after 15 days from the date of execution and delivery hereof to Payroll Department, City of Maryville, Missouri, and shall remain in effect for thirty (30) days after written cancellation or modification hereof is received by Payroll Department, City of Maryville, Missouri.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Email Address to Send Pay Stub

Type of Account:    Checking    Savings    Amount to be deposited:\_\_\_\_\_

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name(s) Appearing on Bank Account

\_\_\_\_\_  
Routing #

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Home Address

\*\*Please attach a copy of a voided check or copy of savings card.