



**AUTHORIZATION FOR DIRECT DEPOSIT**

Company Name: Town of Gibraltar

Company ID: \_\_\_\_\_

I/We authorize the Company named above to initiate credit entries and, if necessary, to initiate any debit entries to correct an erroneous credit entry to my/our account at the Financial Institution listed below, for the purpose of automatically depositing funds to my/our account. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

Financial Institution Name: \_\_\_\_\_

Branch: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please provide a voided check**

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Checking \_\_\_ Savings \_\_\_

- New Authorization
- Change to Previous Authorization
- Termination

I/We understand that this authorization replaces any previous authorization and will remain in full force and effect until the Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Company and Financial Institution a reasonable opportunity to act on it.

Name(s) (print or type): \_\_\_\_\_

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Signature) (Date)

Email Address to send pay stub: \_\_\_\_\_